Income Protection Benefit Guide

(including claim forms)

Issued: 31 August 2020

qsuper.qld.gov.au

QSuper

Contents

At QSuper, we are passionate about helping our members during their time of need. We're committed to partnering with you throughout the insurance claims process to get the best outcome for everybody involved.

Your income protection insurance

Income protection pays you a benefit while you are temporarily unable to work due to illness or injury, and this is called your benefit period.

Eligibility

You may be eligible to receive an income protection benefit payment[1] if you:

- Have been diagnosed with either a total and temporary disablement, or partial and temporary disablement (see below definitions)
- Hold either a Defined Benefit account, or income protection insurance through your QSuper Accumulation account.

If you have an Accumulation account

The details of definitions, limitations, and requirements can be found in the *Accumulation Account Insurance Guide*, and we encourage all members to read this guide. The definitions listed below have been summarised from the exact wording used in the guide.

Total and temporary disablement

Means you are unable to perform the material and substantial duties of your work for a period of time, solely because of the same illness or injury that caused you to stop working.

Partial and temporary disablement

Means you are unable to perform some but not all of the material and substantial duties of your work for a period of time, solely because of the same illness or injury that caused the total and temporary disablement.

If you have a Defined Benefit account

The details of definitions, limitations, and requirements can be found in the *Defined Benefit Account Guide*, and we encourage all members with a Defined Benefit account to read this guide.

How to make an income protection claim

In order to make a claim for an income protection benefit, you need to provide information about your condition and occupation. This will enable us to assess your claim efficiently and accurately.

At the back of this guide is our income protection claim form, which has four parts that need to be completed and submitted to QSuper:

- Member's statement (Part A) – you (or your power of attorney) need to complete this part
- Employer's statement (Part B) – your employer needs to complete this part
- Doctor's statement (Part C) – your doctor needs to complete this part
- Tax File Number Declaration form (Part D) – you (or your power of attorney) need to complete this part.

All of these forms need to be completed in full and returned to QSuper so we can assess your claim. You should also attach any relevant medical documents you already have on your condition, such as doctor's reports or test results.

Please note that you need to cover any costs charged by your doctor to complete Part C of the claim form (Doctor's statement).

Once the forms are complete and you have attached any relevant documents, you can:

- Email the forms to us at **insuranceclaims@qsuper.qld.gov.au** or
- Post the forms to us at:
  QSuper
  Insurance Operations
  GPO Box 200
  Brisbane QLD 4001

If you need any help with completing the forms, please call us on **1300 360 750**.

1 QSuper Accumulation account death cover, total and permanent disability (TPD) cover, and income protection cover are provided through a group life insurance policy issued to the QSuper Board by QInsure Limited (ABN 79 607 345 853, AFSL 483057) ('QInsure'). QInsure is ultimately owned by the QSuper Board as trustee for QSuper.

Overview of the claims process

Here's a quick rundown of exactly how the claims process works:

We receive your income protection claim

Please make sure you have submitted these four completed Income Protection Benefit Claim forms that we'll require to get your claim underway:

1. Part A – Member's Statement
2. Part B – Employer's Statement (submitted by your employer)
3. Part C – Doctor's Statement
4. Part D – Tax File Number Declaration

When we receive all this information, we can begin the claims process.

We assess the claim

Our aim at QSuper is to assess your claim as quickly as possible. Once we receive all the necessary paperwork, we will allocate a dedicated claims manager to help you.

We will want to understand your situation as a whole, including: your job demands, what activities you are capable of doing, and how you might need assistance to return to work. With a full understanding of your situation, we will be better able to support you.

If we need to confirm additional information while we assess your claim, we will contact you. This extra information may include: confirmation of leave history, details of a Workcover claim, and any medical reports. With your consent, we may disclose your personal information to your employer, authorised service providers (e.g. external insurers and assessors) and medical, health and wellbeing professionals.

Please note, any extra medical reports that we may require will be separate to the Doctor's statement (Part C) of your initial claim paperwork, and we will cover any costs to obtain the additional medical information.

How we assess your claim

Your claim will be assessed against the terms and conditions applicable to the insurance you held at the date of your illness or injury. This may include:

- Any exclusions or limitations
- Any pre-existing conditions.

Your claim is approved

Weekly benefit payments will be made to your nominated bank account as we work with you to progress your recovery, and your return to work.

What you can expect next

We'll be in regular contact to keep up to date with your changing situation, and to ensure the support we provide suits your personal circumstances.

We'll support you during your recovery back to health and work

From the start we'll be working with you, your employer, and treatment providers, to come up with a safe and sustainable return to work strategy that is tailored to your personal circumstances.

Returning to work

As you recover from your illness or injury, we will work with you, your employer, and your treatment providers, to help ease you back into work with a graduated return to work program. When we get to this stage, our Claims Manager will help to ensure this transition addresses your individual needs.

Your claim is not approved

Once we've assessed all the available information about your claim, we'll advise you of the outcome right away and provide you with a statement explaining the reasons for our decision.

What if I am not happy with the decision?

We understand not everyone will be happy with the decisions made about their claims. If you wish to lodge an appeal for review by QSuper, please contact us:

Mail Quality and Compliance, Operations QSuper
GPO Box 200, Brisbane QLD 4001

Phone 1300 360 750

Email qsuper@qsuper.qld.gov.au

In person 70 Eagle Street, Brisbane

63 George Street, Brisbane

Sunshine Coast University Hospital
Ground Floor, Main Hospital Building, 6 Doherty Street, Birtinya

You will need to cover any costs to obtain medical reports to support your appeal.

If you are still not satisfied with the review decision, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. AFCA imposes time limits within which to lodge a complaint with them. Please contact

AFCA directly on **1800 931 678** (free call) or by email: **info@afca.org.au** to ascertain your eligibility to lodge a complaint. You can also visit the AFCA website at **afca.org.au** for further information.

Keeping your Accumulation account insurance

It is important to make sure your current insurance cover does not lapse and cancel while we are assessing your claim. Your cover will be cancelled if we do not receive any money into your Accumulation account account for 13 continuous months.[1]

You can prevent this from happening by permanently opting in to cover or by having money added to your account.

You can permanently opt in to your insurance cover by logging in to Member Online and select 'I want to permanently opt in to cover': **qsuper.qld.gov.au/optin**

If you would like some help reviewing or changing your cover, please call us on **1300 360 750**.

How your benefit is paid

If your income protection claim is approved, payments will be made into your nominated bank, credit union, or building society account. We cannot pay benefits into a business, trust, or loan account. If you provide incorrect details, there could be a delay in your payment and we cannot accept responsibility for this.

Benefits will be paid to your bank account weekly. We will deduct PAYG tax from your weekly benefit. You will be provided with a PAYG payment summary as soon as possible after the end of the financial year to allow you to complete your tax return.

For Accumulation account members you will also receive a contribution replacement benefit paid weekly into your Accumulation account, while you are receiving an income protection benefit. For more information see the *Accumulation Account Insurance Guide*.

Indexation of your benefit occurs once per year in the first week of August. The increase is applied to members who were receiving a benefit prior to 1 July of that year. QSuper only applies positive indexation.

Ongoing eligibility

Reviewing ongoing eligibility

Throughout your income protection benefit period, we will contact you for extra information to assess your ongoing eligibility for a benefit.

The information we ask for could include confirming your leave status, your current treatment plans, and understanding how you perform activities of daily living.

During your benefit period, we will also ask about your work situation, which could include your pre-disability duties and job demands. This information is used to assess how your illness or injury may impact your ability to return to work and your ongoing entitlement to benefits.

During your benefit period, we work closely with you, your employer, and your healthcare providers to help identify possible work options in the short and long term. We do this to support you with suitable options for returning to work.

What to do while receiving an income protection benefit

We are committed to partnering with you while on claim, so we ask you to keep in regular contact with QSuper and your employer.

While you are receiving an income protection benefit, we might also ask you to:

- Get medical report forms or reports completed by your doctor or medical specialist
- Attend independent medical or other assessments by specialists we nominate (your employer might also request this)
- Have an interview over the phone or in person with our staff or agent/s
- Participate in rehabilitation or return to work programs.

This helps us determine whether you remain eligible to continue to receive income protection payments.

Please note: While you are off work, you may need to make alternate arrangements for any regular payments that come out of your pay. This may include private health insurance premiums, salary sacrifice, or voluntary super contributions.

Graduated return to work program

We are committed to partnering with you throughout the entire claims process – from when we start supporting you through your recovery from your illness or injury, right through to when you are able to transition back to work.

We believe that:

- Work is healthy and returning to work is an important part of the recovery process.
- By focusing on your abilities, we can help you realise your greatest potential.
- By working together with all stakeholders, we can achieve the best possible outcomes.
- Efficient and transparent communication helps us tailor your program to your individual needs.

1 There are various circumstances when cover will end, refer to the Accumulation *Account Insurance Guide*, available at qsuper.qld.gov.au/pds

What if my situation changes?

To make sure we pay you the right benefit, it's important you let your claims manager know as soon as possible if you:

- Return to work or start new employment
- Start an approved graduated return to work program
- Take any leave other than approved sick leave without pay (i.e. annual leave, recreational leave, long service leave, or parental leave)
- Earn additional income
- Have a WorkCover claim approved
- Receive a benefit or compensation from motor accident compensation, social security, or another legislated payment
- Receive any statutory or other government payments for loss of income relating to your illness or injury
- Engage in a new business, employment or occupation
- Cease to be an Australian resident or intend to reside outside of Australia for six (6) months or more.

If you don't let us know when your situation changes, you may receive an overpayment of benefits or an incorrect payment, which you will be required to repay.

There are several reasons we might reduce, suspend, or stop paying your benefit, depending upon your insurance and the date your benefit commenced.

Full details can be found in the *Accumulation Account Insurance Guide*, or *Defined Benefit Account Guide*, and we encourage all members to read the applicable guide.

Claims checklist

- Make sure you read this guide, and either the *Accumulation Account Insurance Guide*, or *Defined Benefit Account Guide*, before you complete the attached forms. Keep these guides somewhere handy in case you need to refer to them.
- It's important the forms are completed in full (including being signed and dated) before they are sent to us, or your claim could be delayed. Attach any necessary documents that support your claim.
- Check that you have completed the payment details section on the member's statement (Part A) correctly, and that you have listed an account with an Australian bank, credit union, or building society. This will avoid any delays with payment.

If you require any assistance or have questions about making a claim or completing the forms, please call us on **1300 360 750**.

Forward your completed forms to us:

- Email us at **insuranceclaims@qsuper.qld.gov.au**
- Post your forms to:

  QSuper
  Insurance Operations
  GPO Box 200
  Brisbane QLD 4001

At QSuper, we value your security, and we recommend that you don't keep copies of sensitive information in your email account, Dropbox, or Google Drive, to protect yourself in the event your account or password are ever hacked.

Member Centres
70 Eagle Street, Brisbane
63 George Street, Brisbane
Sunshine Coast University Hospital, Ground Floor, Main Hospital Building, 6 Doherty Street, Birtinya

Member Services team
Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

Income Protection Benefit Claim (Part A) – Member's Statement

At QSuper, we are passionate about helping you during your time of need. In order to assess your income protection claim efficiently and accurately, we need to gather information about your condition and occupation.

If you need any help in completing this form, please call us on **1300 360 750**. Please ensure you have answered all questions and signed and dated the form before you send it to us.

In this form, we refer to QInsure, which is QSuper's insurer.

1 Personal information

Client number

You can find your client number on your annual statement, recent communications from us, or Member Online at **memberonline.qsuper.qld.gov.au**

Title

Given names

Surname

Previous name (if we know you by another name)

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Email address

Residential address

State

Postcode

Postal address

☐ As above

State

Postcode

Preferred method of contact

◯ Email

◯ Home phone

◯ Mobile

2 Medical information

Please attach copies of any medical evidence you already have on your illness or injury, and any other relevant information.

Name of your illness or injury (please provide a detailed description)

What was the cause of your illness or injury?

When did you first see a doctor about your illness or injury? (dd/mm/yyyy)

When was your illness first diagnosed or when did your injury occur? (dd/mm/yyyy)

When did you stop working because of your illness or injury? (dd/mm/yyyy)

What duties are/were you prevented from doing?

Have you returned to work or started a graduated return to work (GRTW) program?

◯ Yes ◯ No

If **yes**, please specify the date you returned to work or the date your GRTW program started. (dd/mm/yyyy)

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3 Treatment information

Are you receiving, or are you willing to receive, appropriate medical care recommended by your treating medical practitioners?

◯ Yes ◯ No

What treatment are you currently receiving?

When did you start your treatment?

Date (dd/mm/yyyy)

Frequency (e.g. daily, weekly, monthly)

Please provide your treating doctor's details below.

Doctor's name

Doctor's phone number

Doctor's email address

Doctor's speciality (e.g. cardiovascular, neurology)

Please provide any specialists or other treatment provider's details below.

Name

Phone number

Email address

Speciality

4 Employment information

If you are self-employed and do not have any other employers, please go to section 6.

Name of your employer

Your employer's district/region

Payroll number

Your position/job title

What was your gross (before-tax) salary prior to your illness or injury?

Salary (before-tax)

$

Frequency (e.g. weekly, fortnightly)

Please describe your job in detail, including all of your duties and responsibilities, and attach a position description if possible.

5 Other Employment

If you receive a salary from any other employers, please provide details. If you are self-employed and do not have any other employers, please go to section 6.

Name of your employer

Payroll number

Salary (before-tax)

$

Frequency (e.g. weekly, fortnightly)

Employment start date (dd/mm/yyyy)

If you have more employers to list, please attach a list, providing these details for each employer.

6 Self-employed information

Please complete this section only if you are self-employed.

What income did **your business earn** in the last 12 months, as a direct result of your physical exertion or activity through your usual occupation?

Gross income (before-tax) $

Expenses $

What were your **personal** income and expenses for the last 12 months (pre-disability)?

Gross income (before-tax) $

Expenses $

7 Other benefits and entitlements

Have you claimed, or do you plan to claim, a benefit from WorkCover for this illness or injury (workers' compensation)?

◯ Yes ◯ No

Claim start date (dd/mm/yyyy)

Claim end date (dd/mm/yyyy)

WorkCover case manager's name

WorkCover case manager's phone number

WorkCover claim number

WorkCover payment amount (before-tax)

Frequency (e.g. weekly, fortnightly)

WorkCover lump sum benefits $

Date paid (dd/mm/yyyy)

If you have received or are receiving an income from any other sources listed below, please let us know the income, frequency, date the payment started, and any lump sum payments received.

Department of Human Services (e.g. Centrelink, Department of Veterans' Affairs, etc.)

Income amount (before-tax) $

Frequency (e.g. weekly, fortnightly)

Start date (dd/mm/yyyy)

End date (dd/mm/yyyy)

Lump sum benefits $

Date paid (dd/mm/yyyy)

Another insurance policy

Insurance company name

Benefit payment amount (before-tax) $

Frequency (e.g. weekly, fortnightly)

Benefit payment start date (dd/mm/yyyy)

Lump sum benefits $

Date paid (dd/mm/yyyy)

Other (please specify)

Provide details of any other sources of income, including motor accident compensation, statutory payments, or other government payments.

Details

Income amount (before-tax) $

Frequency (e.g. weekly, fortnightly)

Start date (dd/mm/yyyy)

End date (dd/mm/yyyy)

Lump sum benefits $

Date paid (dd/mm/yyyy)

If you need to list other sources of income, please attach a list, providing these details for each source of income.

Have you ever made a claim for total and permanent disability or a terminal illness with QSuper or any other body?

◯ Yes ◯ No

8 Receiving your payment

We can only make payments into an Australian bank, credit union, or building society account that is in your name or a joint name. This means that payments cannot be made into a business, trust, or loan account.

Name of your bank, credit union, or building society

Branch (BSB) number

Account number

Account name

Please review the explanatory notes and the authorities on the following pages in full and sign and date as applicable before returning to us.

Notes on releasing information about your health.

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, ***QInsure***, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the *Insurance Contracts Act 1984* (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/ Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to ***QInsure***, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form ***QInsure*** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- ***QInsure*** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while ***QInsure*** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date signed (dd/mm/yyyy)

/ /

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/ Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to ***QInsure***, or to third parties they engage, only if ***QInsure*** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- ***QInsure*** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while ***QInsure*** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date signed (dd/mm/yyyy)

/ /

Declaration and Authorisation

- I am the member named on this form or I have power of attorney to act on the member's behalf.
- I understand that my insurance will be cancelled if QSuper does not receive any money into my Accumulation account for 13 continuous months and I have not permanently opted in to cover.
- I confirm the information provided on this form is true and correct, and I have not withheld any information relevant to my claim.
- I agree to provide all medical information and undertake any medical examinations or occupational assessments requested by ***QInsure***.
- I understand I cannot receive an income protection benefit from QSuper and workers' compensation from WorkCover for the same period.
- I understand that if I am granted workers' compensation from WorkCover for the same period, I may be asked to pay back to QSuper any income protection benefits that were paid to me during that time.
- I confirm that the details I have provided of the financial institution to which my benefit will be paid, if approved, are complete and correct.
- I understand that a photocopy of my authority is considered as valid as the original.
- I understand ***QInsure*** will collect, use, and disclose my personal information consistent with these authorities.
- I authorise ***QInsure*** and its service providers to collect my personal and medical information from the individuals and organisations listed below, for use in assessing and managing my claim:
  - Workers' compensation insurer
  - CTP insurer, other insurers, and other superannuation funds
  - Federal and State Government agencies including the Department of Human Services, the Department of Veterans' Affairs, and the Australian Taxation Office (ATO)
  - My employer
  - Rehabilitation, allied health, and return-to-work professionals appointed by me, my employer, other insurers, or my lawyer.
  - My accountant.
- I authorise ***QInsure*** to disclose my personal and medical information to the following individuals and organisations as part of managing my claim:
  - My employer
  - Rehabilitation, allied health, and return-to-work professionals appointed by me, other insurers, or my lawyer
  - Medical professionals for health, wellbeing, and rehabilitation, including my doctors, specialists, allied health providers, and their agents
  - Other service providers and advisers appointed by ***QInsure*** to carry out functions to assist in managing my claim
  - ***QInsure's*** appointed assessor, which may be located in or outside of Australia.

Name

Signature

(Please sign in blue or black pen – QSuper does not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

/ /

If you are signing this form under a power of attorney (POA) and you have not already given us a certified copy of your POA documentation, please attach it to this form.

Where to send the completed form

Once you have completed this form and attached any necessary documents, you can:

- Email us at **insuranceclaims@qsuper.qld.gov.au**
- Post your forms to:
  QSuper
  Insurance Operations
  GPO Box 200
  Brisbane QLD 4001

The information you have provided will be used to assess your benefit entitlement for insurance. You should keep a copy of your completed form and this guide, as you may want to refer to it in the future.

Member Centres
70 Eagle Street, Brisbane
63 George Street, Brisbane
Sunshine Coast University Hospital, Ground Floor, Main Hospital Building, 6 Doherty Street, Birtinya

Member Services team
Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

Income Protection Benefit Claim (Part B) – Employer's Statement

Your employee is making a claim for an income protection benefit payment through QSuper. This section of the claim form needs to be completed by your HR or payroll office staff. Please ensure you have answered all questions before you send it to us.

1 Employee information

Title

Given names

Surname

Date of birth (dd/mm/yyyy)

Payroll number

Position/job title

Place of employment and region

2 Salary information

Please provide your employee's remunerated salary, upon which the superannuation contribution is calculated.

If your employee works part-time, please provide us with their full-time salary and indicate their part-time ratio in section 3.

What was your employee's full-time salary at 1 July before they went on sick leave without pay (SLWOP)?

Date (1 July yyyy)

1 July

Salary

$ per fortnight

What was your employee's full-time salary prior to starting sick leave?

Current date (dd/mm/yyyy)

Salary

$ per fortnight

What was the employer-paid superannuation guarantee (SG) contribution rate for your employee?

%

Is your employee paying child support?

◯ Yes ◯ No

3 Employment information

Does your employee work:

◯ Full-time

◯ Part-time
p/t fortnightly ratio:

◯ Casual

◯ Contractor
Contract end date (dd/mm/yyyy):
Substantive weekly hours:

When did your employee last attend work? (dd/mm/yyyy)

When did they start sick leave? (dd/mm/yyyy)

What date was/will all accrued sick leave be exhausted? (dd/mm/yyyy)

Has your employee received other paid leave since all accrued sick leave was exhausted?

◯ Yes ◯ No

If **yes**, what date does this cease? (dd/mm/yyyy)

Has your employee taken sick leave without pay (SLWOP)?

◯ Yes ◯ No

If yes, provide dates:

SLWOP start (dd/mm/yyyy)

End (dd/mm/yyyy)

Employer rehabilitation contact name

Phone number

Email address

Preferred method of contact?

◯ Email ◯ Phone

Who else, apart from the employer rehabilitation contact listed above, should be advised upon assessment of this claim?

Name/s

Position/job title

Phone number

Email address

QSuper

4 Additional comments

Please supply any information that clarifies or supports this statement.

5 Employer information

Name of employer

Full name of authorised officer

Position held

Phone number

Email address (not generic email address)

Date statement completed (dd/mm/yyyy)

Additional information about this form

Your employee has authorised for you, the employer, to provide to QSuper, its service providers or its insurers their personal and medical information for use in assessing and managing their claim for an insurance benefit.

Please ensure you complete all the sections in the employer's statement before returning this form to QSuper promptly.

This will assist QSuper to progress the assessment of your employee's claim for an income protection benefit.

If your employee's situation changes (e.g. if they change the type of leave they take, if they start working again, or if their employment is terminated), please call us on **1300 360 750** or email us at **insuranceclaims@qsuper.qld.gov.au**

Where to send the completed form

Once you have completed this form, please email us at **insuranceclaims@qsuper.qld.gov.au**

Member Centres
70 Eagle Street, Brisbane
63 George Street, Brisbane
Sunshine Coast University Hospital, Ground Floor, Main Hospital Building, 6 Doherty Street, Birtinya

Member Services team
Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

Income Protection Benefit Claim (Part C) – Doctor's Statement

Your patient is making a claim for an income protection benefit payment through QSuper. This section of the claim form needs to be completed by their treating doctor, and QSuper will use this information to assess your patient's eligibility for income protection benefits.

Note that your patient will need to cover any costs your practice charges to complete this form.

If you have any questions in completing this form, please call us on **1300 360 750**. Please ensure you have answered all questions and signed and dated the form before you send it to us.

Make sure you complete this form in full, so that your patient's claim is not delayed.

1 Patient information

Title

Given names

Surname

Date of birth (dd/mm/yyyy)

2 Treating doctor information

Please provide your details below.

Name

Speciality (e.g. cardiovascular)

Practice name

Phone number

Email address

Postal address

State Postcode

Are you this patient's usual doctor?

◯ Yes ◯ No

If **yes**, what date did you first begin treating this patient? (dd/mm/yyyy)

When was the patient's last appointment with you? (dd/mm/yyyy)

If **no**, please provide details of the patient's usual doctor.

Name

Speciality

Practice name

Phone number

Email address

Postal address

State Postcode

QSuper

3 Medical information

Based on your objective clinical findings, please confirm the patient's diagnosis.

Please describe your objective findings that support the diagnosis. (e.g. If condition is a mental illness, provide criteria as per DSM-V; if condition is musculoskeletal, provide ROM and strength test results.)

Please outline the patient's initial symptoms relating to this condition.

When did the patient's symptoms for this condition first occur? (dd/mm/yyyy)

Have the patient's symptoms changed in frequency or severity?

◯ Yes ◯ No

If yes, please describe how:

Has the patient ever experienced these symptoms, or similar symptoms, previously?

◯ Yes ◯ No

If **yes**, from when? (dd/mm/yyyy)

Please provide details:

Has your patient been unable to work due to the injury or illness?

◯ Yes ◯ No

If **yes**, from what date? (dd/mm/yyyy)

If **no**, please provide details:

What do you believe is the expected duration of illness or injury? (e.g. 1 month, 1 year, 10 years)

Date patient returned to work or expected to return to work (if known) (dd/mm/yyyy)

Does your patient have an additional diagnosis?

◯ Yes ◯ No

If **yes**, please describe:

What are the symptoms for the additional diagnosis?

Does the additional diagnosis present a barrier to your patient's return to work?

◯ Yes ◯ No

If **yes**, please provide details:

How was the patient's illness or injury caused?

◯ By an accident

◯ At their place of work

◯ Neither

Please provide details:

Was the patient hospitalised?

◯ Yes ◯ No

If **yes**, please provide details and date of hospitalisation:

4 Treatment information

What active treatment (e.g. physiotherapy, surgery, counselling, medication) has the patient received from you and other practitioners since their illness or injury was diagnosed?

Nature of treatment

Date referred (dd/mm/yyyy)

Frequency of treatment

Effectiveness of treatment

Medication name

Dosage and frequency

Date prescribed (dd/mm/yyyy)

Effectiveness of medication

Medication name

Dosage and frequency

Date prescribed (dd/mm/yyyy)

Effectiveness of medication

If your patient is taking any additional medications, please outline details, including medication name/s, dosage and frequency, date/s prescribed and effectiveness of medication/s.

Is there any additional treatment that would help improve the patient's functional capacity?

◯ Yes ◯ No

If **yes**, please provide details:

Have any tests or investigations been done to date?

◯ Yes ◯ No

If **yes**, please provide details.

Please attach copies of test results where applicable (e.g. MRI, X-ray, ultrasound, blood test, ECG).

Has your patient been referred to any consultants or specialists?

◯ Yes ◯ No

If yes, please provide details below.

Name

Speciality

Practice name

Address

State

Postcode

Phone number

Date of first appointment (dd/mm/yyyy)

Name

Speciality

Practice name

Address

State

Postcode

Phone number

Date of first appointment (dd/mm/yyyy)

Has the patient ever declined or deferred treatment?

◯ Yes ◯ No

If **yes**, please provide reasons.

When do you expect the patient would be cleared to return to work, including via a graduated return to work program?

If the patient is not responding to treatment or there are delays in accessing treatment, would you appreciate input from an independent medical specialist?

◯ Yes ◯ No

5 Patient's functional capacity

What is your understanding of the patient's occupation and their duties?

Physical functional capacity

For duration, please indicate whether the capacity or incapacity is temporary (T) or permanent (P).

Function	Able	Unable	Able with modifications	Duration (T/P)
Sit	◯	◯	◯	T ◯ P ◯
Stand/Walk	◯	◯	◯	T ◯ P ◯
Bend	◯	◯	◯	T ◯ P ◯
Squat	◯	◯	◯	T ◯ P ◯
Kneel	◯	◯	◯	T ◯ P ◯
Lift	◯	◯	◯	T ◯ P ◯
Drive	◯	◯	◯	T ◯ P ◯
Reach above shoulder	◯	◯	◯	T ◯ P ◯
Use injured limb	◯	◯	◯	T ◯ P ◯
Move neck	◯	◯	◯	T ◯ P ◯

Please provide additional comments on any capacity restrictions listed above:

Mental health functional capacity

For duration, please indicate whether the capacity or incapacity is temporary (T) or permanent (P).

Function	Not affected	Affected	Duration (T/P)
Attention/ Concentration	◯	◯	T ◯ P ◯
Memory (short-term and/ or long-term)	◯	◯	T ◯ P ◯
Judgement (ability to make decisions)	◯	◯	T ◯ P ◯
Workplace stress (resilience/ability to cope)	◯	◯	T ◯ P ◯

Please provide additional comments on any capacity restrictions listed above:

Other functional capacity considerations:

	Comments
Effects of medication	
Work environment, e.g. physical impact (noise, space, light) or mental health impact	

6 Declaration

The information I have provided in this form is true and correct at the time of completion.

Name

Signature

(Please sign in blue or black pen – QSuper does not accept electronic signatures on this form)

Date (dd/mm/yyyy)

/ /

Where to send the completed form

Once you have completed this form and attached any necessary documents, please send it to us without delay:

- Email us at **insuranceclaims@qsuper.qld.gov.au**
- Post your form to:

  QSuper
  Insurance Operations
  GPO Box 200
  Brisbane QLD 4001

Your patient has authorised for you and your agents, to provide to QSuper, its service providers or its insurers their personal and medical information for use in assessing and managing their claim for an insurance benefit.

Member Centres
70 Eagle Street, Brisbane
63 George Street, Brisbane
Sunshine Coast University Hospital, Ground Floor, Main Hospital Building, 6 Doherty Street, Birtinya

Member Services team
Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

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Tax File Number Declaration (Part D)

When to use this form

Please complete and sign as the PAYEE and return to the PAYER, QSuper. For help completing this form visit the ATO website at **ato.gov.au**

Please complete in **BLOCK** letters, using blue or black ink.

1 What is your Tax File Number (TFN)?

Tax File Number

2 What is your name?

Title

First name

Last name

Other given names

3 What is your home address in Australia?

Address

State

Postcode

4 If you have changed your name since you last dealt with the ATO, show your previous name details

Title

First name

Last name

Other given names

5 What is your primary email address?

Email Address

6 What is your date of birth?

Date of birth (dd/mm/yyyy)

7 On what basis are you paid?

- ◯ Full-time employment
- ◯ Part-time employment
- ◯ Casual employment
- ◯ Labour hire
- ◯ Superannuation or annuity income stream

8 I am (select only one):

- ◯ An Australian resident for tax purposes
- ◯ A foreign resident for tax purposes
- ◯ A working holiday maker

9 Do you wish to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Answer **No** here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

◯ Yes ◯ No

QSuper

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

◯ Yes ◯ No

Answer **Yes** if you have a HELP, VSL, FS, SSL or TSL debt.

Answer **No** if you do not have a HELP, VSL, FS, SSL or TSL debt, or you have repaid your debt in full.

You have a HELP debt if either:

- The Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP, VET Student loans prior to 1 July 2019 or SA-HELP.
- You have a debt from the previous Higher Education Contribution Scheme (HECS).

You have a SSL debt if you have an ABSTUDY SSL debt.

You have a separate VSL debt that is not part of your HELP debt if you incurred it from 1 July 2019.

For information about repaying your HELP, VSL, FS, SSL or TSL debt, visit **ato.gov.au/getloaninfo**

11 Declaration by payee

I declare that the information I have given is true and correct.

Signature

(Please sign in blue or black pen – QSuper does not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

		/			/				

Please note: There are penalties for deliberately making a false or misleading statement.

Where to send this form

Please send your completed form to us by:

Post

QSuper
GPO Box 200
Brisbane QLD 4001

Email

qsuper@qsuper.qld.gov.au

Member Centres
70 Eagle Street, Brisbane
63 George Street, Brisbane
Sunshine Coast University Hospital, Ground Floor, Main Hospital Building, 6 Doherty Street, Birtinya

Member Services team
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