

INFORMATION SHEET

Making an Income Protection claim

Your questions answered

If you have Triple S IP Insurance and are unable to work due to a disability, you may be entitled to an IP benefit.

What is Income Protection (IP)?

Triple S IP Insurance provides a fortnightly benefit of up to 75% of your notional salary, plus an additional Contribution Replacement Benefit (CRB) paid into your Triple S account equal to 9.5% of your fortnightly benefit, while you are incapacitated for work on account of an illness or injury. The benefit is payable for a maximum period of 24 months or to age 65, whichever occurs first. If you are a casual employee that applied to take out and was granted IP Insurance, benefits are payable up to a maximum period of 12 months.

Eligibility criteria

You are entitled to an IP benefit if:

- (a) you are incapacitated for work on account of a disability; and
- (b) you are absent from work in respect of your SA Government employment on account of the incapacity; and
- (c) you are receiving treatment from a medical practitioner in respect of the incapacity and following their advice.

Incapacitated for work definition

You are incapacitated for work if the Super SA Board is satisfied that:

- (a) you are suffering from ill health (whether physical or mental) and unable (because of that ill health) to undertake the duties of the position usually occupied or unable to undertake these duties at the same capacity as existing prior to onset of ill health; and
- (b) You are unable to undertake the duties of another available role made available to you, carrying a salary of at least 80% of the salary applicable to your usual role and you could be reasonably expected to take the other position.

What is the waiting period?

The waiting period is the time you need to be continuously absent from and unable to work due to your incapacity before an IP benefit is payable. Your waiting period will be 30 days unless you have elected a 90 day waiting period. During the waiting period you could apply for paid leave from your employer or leave without pay. IP payments cannot be made during the waiting period.

You can work two days within the 30 day waiting period or five days (but no more than two consecutive days) within the 90 day waiting period without the waiting period being reset.

When can I claim an IP benefit?

To be eligible to claim IP benefits you:

- Must be covered for income protection
- Must be under age 65
- Must be incapacitated for work for more than the duration of your waiting period, either 30 or 90 continuous days following the day you stop working due to your incapacity
- Cannot be receiving, or cannot have accepted a redemption of, weekly payments of workers compensation under Part 4 Division 4 of the *Return to Work Act 2014*.
- Cannot be receiving any form of paid leave (including annual leave, long service leave or sick leave)
- Have not terminated SA Government employment or a Terminal Illness benefit is approved
- Must claim within 6 months (see section **Is there a time limit to lodge a claim** in this information sheet for more information).

Circumstances under which IP will not be paid

- If you were employed on a casual basis (that applied to take out and was granted IP Insurance) working an average of less than nine hours per week.
- If a limitation has been applied to your Income Protection cover and you are claiming in respect of an incapacity wholly or partly caused by that limitation.
- If you have returned to work within the past 2 years after being on Leave Without Pay for 12 months or more and you are claiming for a medical condition that was known to you on the day you returned to work.
- If you are a former Lump Sum or Pension Scheme member (who became a Triple S member without stopping work) you may not be able to claim for a medical condition that existed before your Triple S membership commenced, for a period of two years.

How do I make a claim?

Step 1 – Lodging your claim

- Complete the Claiming my insurance form.
- The Medical Practitioner Report is to be completed by your treating medical practitioner.
- The Medical Specialist Report is to be completed by your treating Specialist (if applicable).
- Complete the Tax file number declaration form.
- Return all the completed forms together to Super SA along with all your supporting documentation as a complete application.
- If the information you send is incomplete or there is insufficient evidence to support your claim, you will either be asked to provide more information which will delay your claim, or your claim will be declined.

Important

Please check that you and your doctors have answered every question and all necessary documents are provided.

Step 2 – Preparing your claim

- Super SA will acknowledge that your claim has been received and advise you of progress. If you have any questions you can contact your Claims Management Officer.
- Super SA will contact your employer to obtain salary, leave and employment information.
- Additional information may be requested from you or your treating doctors.

Step 3 – Assessing your claim

Based on the information available, your claim will be assessed and a decision made by Super SA to either:

- Approve your entitlement to a set date, ie the review date (see Steps 4 and 5)
- Defer your claim for further review
- Decline your claim if you are not entitled to a benefit under the legislation (see section **What if my claim is declined?**).

As part of the decision, more information may be requested from you or your treating doctors and/or require you to attend an appointment for you to have a medical examination with one or more independent medical specialists. Where you attend an appointment with an independent medical examiner arranged by Super SA, the medical examiner's costs will be covered by Super SA (for further details regarding conditions that apply please see section **Will it cost anything to lodge a claim?**).

Step 4 – Paying your benefit

- If your claim is approved, your Claims Management Officer will contact both you and your employer.
- Income Protection payments will be paid fortnightly (less PAYG tax) directly into your nominated personal bank account.
- A payment summary will be sent to you at the end of the financial year to lodge with your tax return.
- Any Contribution Replacement Benefit will be paid fortnightly into your Triple S account.

Step 5 – Future payments

- Your incapacity for work needs to be regularly assessed to determine if you remain eligible for payments.
- You will be sent the forms that both you and your treating medical practitioners will need to complete if you wish to receive IP benefits past the review date.
- You will need to arrange for all forms to be fully completed and returned to Super SA.

What if my claim is declined?

If your claim is declined, you will be advised in writing the reason why.

If you do not agree with any decision in relation to your claim you can provide additional information to support your claim. You can also lodge a complaint in writing to Super SA. Super SA aims to resolve all matters through its internal enquiry and dispute resolution process.

Written complaints, together with any information to support your claim not previously considered by Super SA, should be addressed to the Complaints Officer:

The Complaints Officer

Super SA
GPO Box 48
Adelaide SA 5001
Email supercomplaints@sa.gov.au

The Complaints Officer will investigate the matter thoroughly and aim to provide you with a written response within 45 days of receiving the complaint.

If you believe that your complaint has not been resolved satisfactorily through our complaints process or you wish to review a decision made by Super SA, you can have the matter reviewed by the Super SA Board. An application to the Super SA Board to review a decision must be made within three months of receiving notice of the decision.

If your complaint relates to a decision made by the Super SA Board (or a delegate of the Board), you may make an application for the decision to be reviewed by the South Australian Civil and Administrative Tribunal (SACAT) or by the Super SA Board. Applications for review must be made within three months of receiving notice of the decision.

Frequently asked questions

Is there a time limit to lodge a claim?

To be eligible for Income Protection you must apply:

- Within six months of the last day you worked, or
- If you have been receiving weekly payments of Workers Compensation or paid leave since the last day you worked, within six months of the date when paid leave or Workers Compensation payments ceased.

Will it cost anything to lodge a claim?

You will have to pay the cost of providing any medical evidence to support your claim, such as obtaining the medical report referred to in Step 1.

You will also need to pay the cost of obtaining ongoing reports requested by Super SA from your treating doctors to review your claim (see Step 5).

Where you attend an appointment with an independent medical examiner arranged by Super SA, the medical examiner's costs will be covered by Super SA. However, if an appointment is arranged and you do not attend the appointment, you will need to pay the cost of any non-attendance fee incurred.

How is my IP benefit calculated?

Your Income Protection payments are 75% of your notional salary. This is the salary you were receiving immediately before your incapacity for work adjusted with CPI every six months. In addition, Super SA will provide a Contribution Replacement Benefit (CRB) paid into your Triple S account equal to 9.5% of your fortnightly benefit while you are in receipt of income protection payments.

If you were working less than full time or as a casual employee at the time of your incapacity, your notional salary will be your SA Government salary averaged over a period of up to three years prior to incapacity.

When will IP payments start?

Income Protection payments cannot commence until your claim is approved, which can take several months. Once approved, payments will generally be backdated to the later of the date following the expiry of the waiting period or the last day of paid leave.

If you are receiving income from employment during the time you are receiving IP benefits from Super SA, your IP payments will be reduced.

When do IP payments stop?

IP benefits will stop on the earliest of the following:

- You are no longer incapacitated for, and absent from, work on account of a disability;
- You fail to provide medical evidence requested by Super SA;
- Your employment with the SA Government terminates for any reason (including cessation of a contract or a Terminal Illness benefit is approved);
- For those employed on a casual basis (for nine or more hours per week) that applied to take out, was granted IP Insurance and has been approved an entitlement, 12 months after the date you last worked;
- You resume your normal working hours (see section *What happens if I go back to work on a Rehabilitation or Return to Work Agreement?* below);
- The maximum benefit payment period of 24 months is reached;
- You turn age 65;
- If you are receiving weekly payments of workers compensation or paid leave entitlements of any kind;
- You request payments be suspended (the period of suspension will still count towards the 24 month maximum entitlement period); or
- You die.

To prevent overpayment of your benefit, it is important that you notify us as soon as possible if any of the above circumstances occur. Any overpayment of benefits will need to be paid back to Super SA.

What happens if I go back to work on a Rehabilitation or Return to Work Agreement?

If you go back to work your IP payments will cease unless this is under a Rehabilitation or Return to Work Agreement. If approved, your employer will pay for the hours you work and Super SA will pay a top up payment (up to a maximum of your notional salary). You must advise Super SA prior to commencing a Return to Work Program with your employer.

Need more information?

If you have any questions about Income Protection contact Super SA on (08) 8214 7800. In addition, there are fact sheets on a range of topics relating to your super available at supersa.sa.gov.au.

For the complete rules of Triple S, please refer to the *Southern State Superannuation Act 2009* and *Southern State Superannuation Regulations 2009*. The Act and accompanying Regulations set out the rules under which Triple S is administered and entitlements are paid.

You can access a copy from the Super SA website.

Contact us



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Disclaimer: This information sheet provides a general summary to help you understand your entitlements in Triple S. Super SA does its best to make sure the information is accurate and up to date. However, you need to be aware that it may not include all the technical details relevant to the topic. For the complete rules of Triple S, please refer to the *Southern State Superannuation Act 2009* and *Southern State Superannuation Regulations 2009*. The Act and accompanying Regulations set out the rules under which Triple S is administered and entitlements are paid. You can access a copy from the Super SA website.

Triple S is an exempt public sector superannuation scheme and is not regulated by the Australian Securities and Investments Commission (ASIC) or the Australian Prudential Regulation Authority (APRA). Super SA is not required to hold an Australian Financial Services Licence to provide general advice about Triple S. The Flexible Rollover Product administered by Super SA is part of an exempt public sector superannuation scheme and is not regulated by the Australian Securities and Investments Commission (ASIC) or the Australian Prudential Regulation Authority (APRA). Super SA is not required to hold an Australian Financial Services (AFS) licence to provide general advice about this product.

The information in this document is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Super SA recommends that before making any decisions about Triple S you consider the appropriateness of this information in the context of your own objectives, financial situation and needs, read the Product Disclosure Statement (PDS) and seek financial advice from a licensed financial adviser in relation to your financial position and requirements.

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