Fact sheet – Death Claims

The purpose of this factsheet is to help you or your loved ones understand the claims process for Death cover payments.

What is death cover?

Death cover is one way of protecting your family's financial future in the event of an insured person's death. Generally, benefits are paid as a lump sum amount.

The following information explains the process for lodging a death claim after the death of a Club Plus Super member.

Are you eligible to claim?

We understand it is a difficult time after the loss of a loved one, however it is important for us to be informed as soon as possible about the death of a member. Our Member Support Specialists are available on **1800 680 627** and will assist you with the claims process.

Firstly, they will need to confirm the late member's eligibility for cover by checking:

- Whether there was active insurance cover, and
- Whether the insurance premiums were paid up-to-date.

How to lodge a Death claim?

To lodge a Death Claim, please contact us on **1800 680 627** and one of our Member Support Specialists will assist you with the process.

1. We will discuss the process, eligibility and will then transfer you to our Insurer's claims team.
2. The Insurer will review the information and check your eligibility to lodge a claim.
3. They will then forward you the relevant Death claim forms and requirements via email or mail (depending on your preference)
4. Once your claim and supporting information is received, the Insurer will commence the assessment of your claim.
5. You may be required to provide additional information to the Insurer to support your claim.
6. As soon as all the requested information has been obtained by the Trustee and the insurer, you will be contacted by us and advised of the outcome (refer to 'How long will my claim take to be processed?' for further information on this step).
7. The Trustee will review the claim and make a decision about the distribution of the death benefit
8. If your claim is unsuccessful and you wish to appeal the decision, you can contact us and we will assist you with this process.

Other requirements

- Certified copy of birth certificate, or equivalent.
- Certified copy of death certificate.
- Copy of will or probate.
- Completed Death Claim Form from all potential claimants.

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How long will my claim take to be assessed?

- Generally it will take up to 10 working days for your claim to be reviewed and to determine whether all the information required to assess the claim has been received.
- If there are requirements outstanding, then the claim is placed on hold until the requirements are received to be further assessed.

Status updates

To find out where your claim is up to, please call us on **1800 680 627** and one of our Member Service Specialists will be able to give you an update on the status of your claim.

How long will my claim take to be processed?

- Once the Insurer has reached a decision, the Trustee must make a decision. Your claim may need to be tabled at a monthly Insurance Claims Committee (ICC) meeting in which an overall review takes place by the Trustee.
- If your claim is approved, the Trustee will provide a written notice to all potential beneficiaries setting out how it proposes to distribute the death benefit.
- You will receive an outcome of the claim via a phone call and you will also receive a letter about the claim staking proposal.
- You have 28 days to respond to the claim staking letter to object the decision outlined by the Trustee.
- If there is no objection received within the 28 days to the proposed distribution then the benefit is paid.
- If there is an objection received, then the Trustee reviews the objection and either confirms or changes its decision.
- Once the claim staking period has ended, you will receive your benefit within 5 working days.

How do I speed up my claim?

Here are a few helpful hints to get your claim sorted quickly:

- Most insurers genuinely want to pay claims. But to do so, they need a lot of information. Be open and prepared for requests for detailed information. Provided the Insurer has given you a good explanation for why they need the information, try to provide it as soon as possible.
- Be available. If the Insurer requires further information from you, try to be available and contactable. Delays in this can significantly slow down the assessment time.
- If you are aware that the Insurer has written to the late members treating doctor or previous employer for a report, ring them and let them know that this is important information in the assessment of your insurance claim and ask if they would make it a priority.

More information

For further information on insurance cover, please refer to the ***Insurance Booklet*** on our website under the Forms and Publications section: **clubplussuper.com.au/tools-resources/forms-and-publications**

To make a complaint, write to:

The Complaints Officer
Club Plus Super
Locked Bag 5007
Parramatta NSW 2124

Postal address: Locked Bag 5007
Parramatta NSW 2124
Member hotline: 1800 680 627
(8am to 6pm AEST Mondays to Friday)
Member email: member@clubplussuper.com.au
Website: clubplussuper.com.au

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