Making a total and permanent disablement (TPD) claim.

Including information on the early release of your super due to permanent incapacity.

1 October 2025

Catholic Super

Our commitment to you

If you experience an illness or injury that stops you from working, it can be a difficult and stressful time for you and your family. And for many people, making a TPD claim, which can be a complex process, can add to the challenges you're already experiencing.

That's why we strive to provide a claims service that's fair, transparent, and as straightforward as possible to ensure claims are assessed and finalised as quickly as possible.

And while every claim can be unique to a member's personal circumstances, we treat all of our claimants with compassion, dignity and respect. Our commitment is to you, and we're here to support you every step of the way.

Important information

Inside.

Overview.

If your working life has been cut short due to illness or injury, you may be eligible to claim a total and permanent disablement (TPD) benefit to help you and your family manage the added financial burden associated with these circumstances. We're here to help you understand what's involved in making a claim, and to support you every step of the way. This handbook provides information on how to apply for a TPD benefit payment.

What is a TPD benefit?

TPD insurance cover can provide a lump sum payment – a TPD benefit – if you become permanently disabled because of injury or illness and you're no longer able to work.

Your claim for a TPD benefit will be assessed by our insurer, in line with the policy terms and conditions, to see if a benefit is payable.

You may be eligible to make a TPD claim if:

- you're unlikely to work again in any occupation that you're suited to by your education, training or experience, or
- you're unable to carry out certain everyday working activities, or
- you meet one or more of the immediate assessment conditions, subject to claim requirements being satisfied.

If your claim is approved, the amount payable to you will be the TPD insurance cover you held through your Catholic Super account as at the date of your disablement (this is defined on page 8 of this handbook). The TPD benefit will be paid into your super account and will form part of your total account balance.

Accessing your super account balance

In addition to any benefit you may receive from your TPD insurance cover, you may also meet the conditions for the early release of your super account balance due to permanent incapacity. This is often satisfied as part of the TPD claim process. In some cases, we may need additional information to assess your eligibility for early release of your super balance, and we'll contact you if that's required.

For more information on permanent incapacity, refer to page 20 of this handbook.

If you don't have TPD insurance cover

You may still be eligible to claim permanent incapacity, which allows the early release of your super account balance. To be eligible, two legally qualified medical practitioners must first certify that because of your illness or injury you're unlikely to ever work again in any occupation you're qualified to do by education, training or experience.

Turn to page 20 for more information on permanent incapacity and the early release of your super.

Waiting periods apply

Please note that waiting periods will apply before a claim for TPD can be lodged. This means you must have been absent from work because of your injury or illness for a specific amount of time before you can lodge a TPD claim with the Fund.

Our current insurance policy states that a TPD waiting period may either be three or six months. The length of your waiting period depends on the TPD definition that's relevant to your illness or injury.

You can find out more about the terms and conditions of the insurance arrangements by referring to the TPD definitions explained on pages 7 and 8 of this handbook, and by requesting a copy of the insurance policy. You can give us a call on **1300 655 002**, Monday to Friday 8:30am to 6:00pm AET if you'd like to request a copy.

Our role as Trustee

As the Trustee of Catholic Super, we have a duty to act in the best interests of our members. We're here to provide support at a time when it's needed the most.

Our primary role is to oversee the claim process, which includes the conduct and timeframes of the insurer and our service providers (as well as our own team), to ensure your claim is processed efficiently and fairly and without unnecessary delays.

The role of our insurer

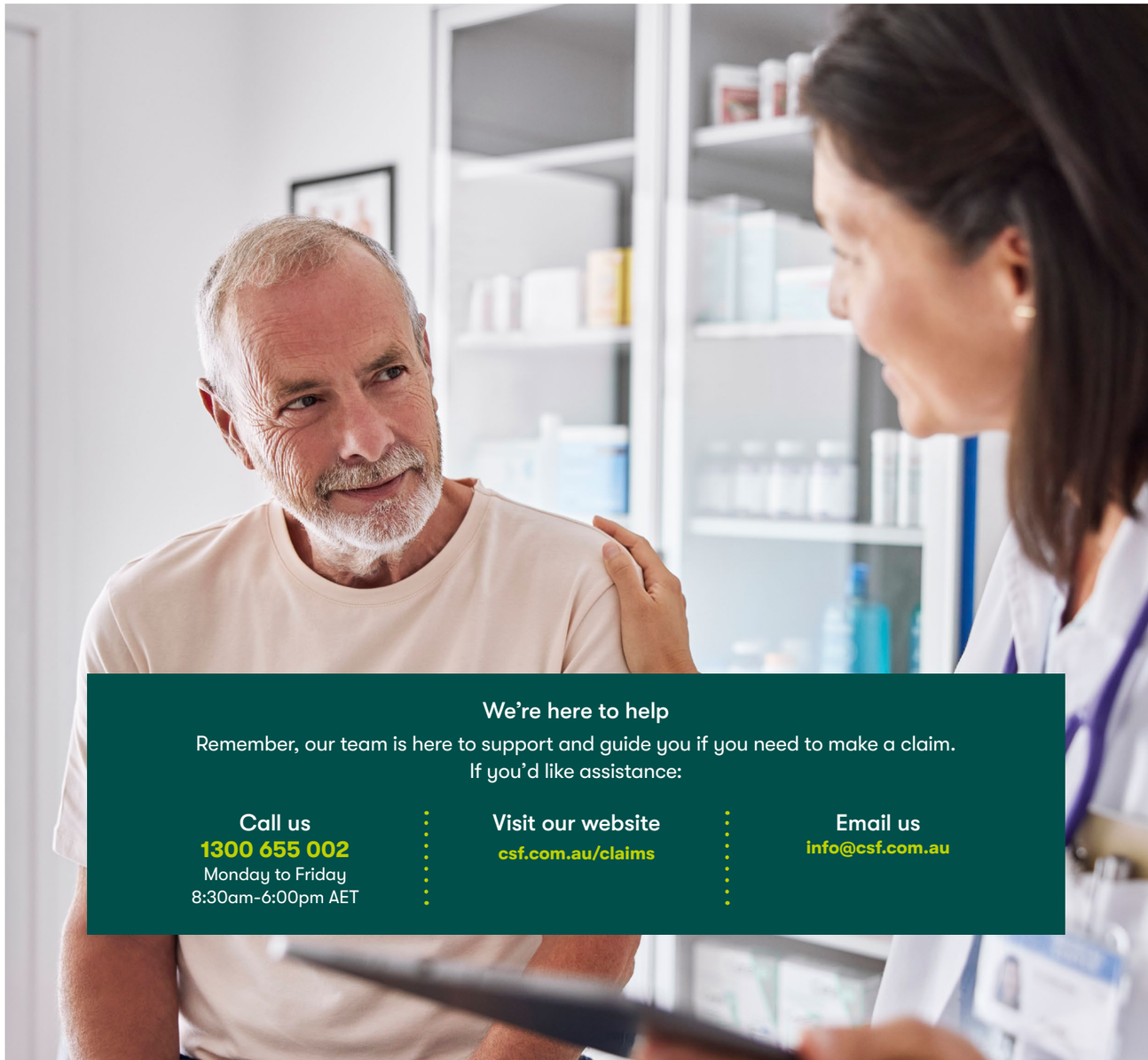
Insurance cover for Catholic Super members is provided by our insurer, MetLife Insurance Limited (MetLife) ABN 75 004 274 882, AFSL 238 096. MetLife is a leading provider of life insurance, committed to helping Australians protect the lifestyle they love and delivering exceptional service.

MetLife assesses, manages and pays claims covered by the insurance policies they provide. Catholic Super works with MetLife to ensure eligible claims are paid as quickly as possible.

MetLife is the insurer for members where an injury or illness occurred on or after 1 July 2022. For an injury or illness that occurred prior to that date, our previous insurers will be responsible for assessing the claim under the terms and conditions of the policy that was relevant at the date of your disablement.

If you have other insurance policies

It's important to check any other insurance policies you may hold – either with another super fund or through a private insurer – including their policies and procedures for making a claim.



We're here to help

Remember, our team is here to support and guide you if you need to make a claim. If you'd like assistance:

Call us
1300 655 002
Monday to Friday
8:30am-6:00pm AET

Visit our website
csf.com.au/claims

Email us
info@csf.com.au

Who can claim a TPD insured benefit?

If you have TPD insurance cover through your Catholic Super account, you may be able to claim a TPD insurance benefit. Eligibility to claim, and approval to receive a benefit, depend on a number of factors specific to your illness or injury, as well as the terms of your insurance cover with the Fund.

Meeting the TPD definition

The key factor when it comes to being approved for a TPD benefit payment is whether you meet the specific definition of **total and permanent disablement**.

TPD definitions can vary between products and super funds and may also change over time. But you don't have to work it out on your own. When you make a TPD claim, we'll determine which TPD policy applies based on your **date of disablement**, and we'll let you know the relevant definitions that apply to your claim during the claims process.

As a guide, we've included our current TPD definitions on pages 7 and 8. These apply to claims where the date of disablement is on or after 1 July 2023.

What if you're receiving income protection payments?

Eligibility to receive a TPD benefit doesn't affect any income protection (IP) payments you may be eligible to claim. Any IP payments you're receiving will continue for either the duration of your benefit period or until you turn 65 years of age (whichever occurs first), as long as you continue to meet the terms and conditions of the IP policy.

Would you like more information?

For more information on your insurance cover and the definitions that apply to you, please call us on **1300 655 002**, Monday to Friday 8.30am to 6.00pm AET.

Other eligibility factors

Other factors are also taken into consideration when assessing your claim. These may include:

- your medical capacity
- your employment status
- the length of time you'd worked in your role before you stopped because of your disablement
- your past employment and experience
- your level of education
- any training you've undertaken, and
- the impact of your illness or injury.

Information will be gathered from your employer, doctors and specialists, as well as any other organisations you may have lodged a claim with, so the insurer can assess your claim accurately and fairly. The insurer may also ask for additional tests or medical opinions from doctors that they choose.

Current TPD definitions

Our current TPD definition is in two parts. The part that applies to your claim depends on your work status before you became disabled. And remember, these are our current TPD definitions, which apply to claims where the date of disablement is on or after 1 July 2023. Older insurance policy definitions may be different.

Part 1 – Unlikely to return to work	You are unable to do any work as a result of injury or illness (whether physical or mental) for 3 consecutive months (the waiting period) and, in the opinion of the insurer, you continue to be so disabled as a result of your injury or illness that you are unlikely to resume any occupation which you are reasonably capable of performing by reason of education, training or experience, or may become reasonably suited by reasonable retraining or rehabilitation.
Part 2 – Everyday working activities or you have a psychiatric disorder	You suffer an illness or injury: • that has prevented you from being able to perform at least 2 of the **everyday working activities** without assistance from another adult, despite the use of appropriate aids, for at least 6 consecutive months, and • since you became ill or injured, you have been under the regular care and attention of a doctor for that illness or injury, and • in the insurer's opinion, the illness or injury means that you are unlikely to ever again be able to perform at least 2 of the **everyday working activities** without assistance from another adult, despite the use of appropriate aids, and • in the insurer's opinion, your illness or injury means you are unlikely to ever again return to work for which you are reasonably capable of performing by reason of education, training or experience. Or you have a **psychiatric disorder**. **Everyday working activities** means: • Mobility – you cannot: – walk more than 200 metres on a level surface without stopping due to breathlessness, or – bend, kneel or squat to pick something up from the floor and straighten up again, and – get in and out of a standard sedan car. • Communicating – you cannot: – speak in your first language so that you are understood in a quiet room, nor can you hear (even with a hearing aid or other aid) an instruction given in a normal voice in your first language in a quiet room, or – understand a simple message in your first language, and relay that message to another person. • Vision – you cannot: – even with glasses or contact lenses, read ordinary newsprint, and – pass the standard eyesight test for a car licence. • Lifting – you cannot lift, carry or move objects weighing up to 5 kilograms using your hands. • Manual dexterity – you cannot use your hands or fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard to write a short note). **Psychiatric disorder** means you have a psychiatric disorder which: • has been diagnosed by a consultant Psychiatrist and Fellow of RANZCP under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 issued by the American Psychiatric Association or as otherwise agreed between you and us, and • you have been receiving psychiatric treatment for at least 12 consecutive months, and • your treating psychiatrist has assessed the psychiatric disorder as chronic and unlikely to improve in the foreseeable future with or without further treatment, and • the insurer determines that solely because of your psychiatric disorder, you have suffered from the following incapacity and are likely to continue to be so incapacitated for the rest of your life;

	• you have received an established diagnosis of schizophrenia (multiple episodes or continuous) or schizophreniform disorder (multiple episodes or continuous) in accordance with DSM 5, or as otherwise agreed with the insurer, from your treating psychiatrist, or • you are unable to care for your dependent children in any capacity due to the unacceptable risk that the dependent(s) will be exposed to physical, emotional or psychological harm, requiring the dependent(s) to be removed from your care by court order, or • a tribunal or court, following its own independent medical review, have ordered the appointment of a guardian to manage your financial affairs, including managing your bank balance or paying bills on time without assistance; or • you are unable to live independently, requiring daily care and supervision from a care provider, or • you require ongoing care and treatment in a mental health facility to protect yourself and/or others from serious physical harm.
Immediate assessment condition	If you're unable to perform your usual job as a result of suffering one or more defined medical conditions, the insurer will waive the usual 3 month waiting period and will start the assessment of your claim on receipt of your initial claim documentation. The illnesses and injuries that can be assessed immediately are blindness, cardiomyopathy, chronic lung disease, dementia and Alzheimer's disease, diplegia, hemiplegia, loss of hearing, loss of speech, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, Parkinson's disease, primary pulmonary hypertension, quadriplegia, severe burns, severe rheumatoid arthritis, and tetraplegia.
Date of disablement	Means the earlier of: • the date you are diagnosed with an immediate assessment condition and meet the definition of total and permanent disablement, or • the date on which the 3 consecutive months absence from work that results in total and permanent disablement began, except, if you undertake a formalised graded return to work which fails within 12 months, we will take the **date of disablement** as being the date on which you first ceased work, or • where an ill-health benefit is provided under the policy, the date on which the 6 consecutive months absence from work that results in ill-health began, or • the date on which the 3 consecutive months inability to perform at least 2 of the **everyday work activities** that results in total and permanent disablement began.

The TPD claims process at a glance.

1. Call us

When you're ready to make a claim, call our team on 1300 655 002

- Have details of your injury or illness ready (see page 12).
- We'll ask you details about your employment and circumstances.

2. Documents

Our insurer will email you a link to their secure eClaims portal, so you can lodge your claim online

- We'll also ask you to provide some supporting documentation.
- If you need help lodging your claim, please contact our team on **1300 655 002**.
- And if you prefer to lodge your claim using paper forms, we'll send you the documents we need you to complete.

3. Review

Once we've lodged your claim online (or once we've received your documents), we'll initiate the review process

- Your claim will go to the insurer for assessment.
- The insurer will keep in touch and provide you with updates as your claim progresses.
- Our insurer may ask you to provide additional information if necessary.
- If you lodged your claim online, you'll be able to lodge any additional supporting information directly onto the eClaims portal and use the portal to track your claim.

4. Decision

4(a) If the insurer approves your claim:

- We review their decision.
- We then pay the insured benefit into your super account. Your insured benefit, combined with your existing super balance, becomes your total account balance.

4(b) If the insurer declines your claim:

- The insurer will let you know if they intend to decline your claim. We'll independently review the decision and work with them to ensure your claim has been thoroughly and properly reviewed.
- You'll have a further 28 days (from the date of the letter) to provide any additional information that might support a review of their decision. You can also ask to see all of the information that was received to assess your claim.

If the claim is approved after a review of additional information

- We'll pay the insured benefit into your super account. Your insured benefit, combined with your existing super balance, becomes your total account balance.

If the insurer declines the claim again

- You'll be notified in writing.
- If you disagree with the decision, or if you have additional information that may affect the decision, you can request a reassessment of your claim, which will be treated as a complaint.

Turn to page 16 to learn more about the complaint process.

5. Payment

Providing you meet the requirements for early release due to permanent incapacity, we'll pay your benefit according to the payment instructions you've given us.

For example, you can choose to take your benefit as one or a combination of:

- leaving the amount in the Fund for future withdrawals
- a partial or full lump sum payment to you
- commencing an income stream, and
- a rollover to another super fund.

Please note, payments will not be made to third parties such as solicitors.

If you need help deciding, please contact our team on **1300 655 002**.

Your super account balance may still be payable, provided you meet the requirements for early release due to permanent incapacity (see page 20 for more information).

How to make a claim.

If you need to make a TPD claim, we're here to support you. Every claim is different and the time it takes to assess a claim can vary. But for each claim, we aim to make the process as straightforward as we can. In this section, we've provided more detail on our 5-step claims process and answers to some of the questions you may have about making a TPD claim.

1. Call us

If you need to make a claim, please call our team directly on **1300 655 002**, Monday to Friday, 8:30am to 6:00pm. We'll help you with the first steps of the claim and let you know what's involved with the overall process.

To make sure we provide the correct claim lodgement options for you, we'll ask you for the following information:

- your Catholic Super member number
- details of your injury or illness
- the date you first consulted a doctor about your condition and the date you were certified unfit to work
- details of the employer/s you were employed with before you stopped working, and
- the last day you were actively at work and your work status prior to stopping work.

If you don't have TPD insurance cover through your Catholic Super account

If you don't have TPD insurance cover, the Trustee of Catholic Super will assess your claim as a permanent incapacity claim for the early release of your super account balance, in accordance with the early release provisions set out in superannuation law, and the Catholic Super Trust Deed. Turn to page 20 to learn more about early release due to permanent incapacity.

Who provides the insurance?

MetLife is Catholic Super's current death, TPD and IP insurance provider. However, our former insurer, TAL Life Ltd, insures members where a death or disability occurred before 1 July 2022. TAL will assess your claim under the terms and conditions of the policy that was relevant at the date of your disablement. We'll be able to assist you with any specific requirements relevant to your claim when you call us.

How long does a claim take?

There are several steps involved in assessing a TPD claim. We aim to finalise claims as quickly as possible. In most cases, TPD claims are finalised within six months after all the necessary documentation has been submitted. However, the timeframe may vary depending on the complexity of the claim and the availability of information required from you, your employer, and your doctors and specialists.

You'll be kept updated throughout the process. If you're experiencing difficulties, we're here to work with you and provide support where possible. Remember, you can call our team directly on **1300 655 002**, Monday to Friday 8:30am to 6:00pm AET.

2. Documents

Once you've contacted us about your claim and we confirm that you're eligible to claim, our insurer will email you a link so you can access the secure eClaims portal and lodge your claim online. We have found that online lodgement is usually quicker and easier than making a paper-based application.

When you provide details of your treating doctor and most recent employer, the insurer will also contact them directly to obtain details about your injury or illness.

If you prefer to complete paper claim forms, we'll send you the following:

- *Initial Information form* – to be completed by you (or your Power of Attorney)
- *General Medical Statement* – to be completed by your treating doctor. Copies of any relevant medical reports and test results that support your illness or injury should be attached to the completed report. You'll need to cover any costs associated with completing this form.
- *Employer Statement* – to be completed by your employer at the time you stopped work.

This information allows us and our insurer to assess your benefit entitlement in line with the insurance policy terms and conditions.

We offer an online lodgement option with our insurer, MetLife, to make it easier to lodge and then track the progress of your claim. When you lodge your claim online with MetLife, we've aimed to make it less work for you, so they'll request your doctor's reports and a response from your employer on your behalf. However, if online lodgement is not your preference, you can lodge your claim by mailing paper forms to us instead.

3. Review

Once you've lodged your claim, the insurer will provide you with a dedicated case manager to help you through the claim process. When reviewing your claim, the insurer may also request:

- further information from you
- additional medical reports directly from your doctor/s
- further information from your employer
- that you attend an independent medical examination
- claim files held with other insurers or any other third party such as Worker's Compensation.

Any costs associated with requesting additional medical reports and examinations will be paid by the insurer.

Your claim will be assessed in line with the terms and conditions of the insurance policy you were covered under at the date of your injury or illness (including any exclusions and/or pre-existing conditions you may have).

The nature of your claim, the date of disablement and any additional information required to reach an outcome can impact how long it takes to finalise your claim.

You'll receive updates on your claim at least every 20 business days, however you can request information on your claim at any time via the insurer.

You'll also be given access to eClaims – a secure online portal you can use to track the progress of your claim and upload any additional documentation the insurer may ask for.

The insurer will strive to reach an outcome for your claim no later than six months after lodgement. If a decision can't be reached within six months, they'll explain why.

4. Decision

A decision is reached by the insurer as well as the Trustee, as set out below.

- Once all of the supporting information is received, the insurer will decide whether to accept or decline your claim for the TPD insurance benefit.
- When the insurer has reached a decision, the claim is referred to the Trustee for review.
- We're responsible for ensuring the insurer's decision is fair and reasonable and the payment of any benefit meets the early release conditions, as governed by superannuation law and the Catholic Super Trust Deed.

If the insurer approves your claim

We'll pay the insured benefit into your super account. Your insured benefit, combined with your existing super balance, becomes your total account balance, which you can access.

If any money is allocated to your super account *after* the approval of your claim (for example if you receive any contributions to your super through any other means), those additional amounts will be subject to the normal super preservation rules. This means you won't be able to access those funds until you've reached age 65, or you've retired from the workforce, or you meet a condition of release.

If your claim is declined by the insurer

If the insurer intends to decline your claim, they'll write to you and explain why they've reached this decision, referring to all the evidence they've relied on and the insurance policy. We'll independently review the decision and work with the insurer to make sure your claim has been thoroughly and properly reviewed.

You'll have another 28 days (from the date of the letter) to provide any additional information that might support a change in the decision. You can also ask to see all of the information that was received to assess your claim.

At the end of the 28-day period, the insurer will finalise their decision, including reviewing any new information that's been provided. When they reach a final decision on the claim, they'll let us know.

If they decline the claim, we'll review the decision and if we disagree, we'll challenge it on your behalf. We may ask you for further information.

If we agree with their decision, we'll let you know in writing and advise you of the next steps you can take if you're not satisfied with the final decision. Turn to page 16 to learn more.

Remember, even if your insurance claim is declined, your existing super account balance may still be payable, provided you meet the requirements for early release due to permanent incapacity (see page 20 for more information).

5. Payment

We'll identify the insurer that's providing your TPD cover when you make a claim. If it's provided through TAL, we'll provide further information on the TPD definitions that may apply to your claim.

If your TPD cover is provided through our insurer, MetLife

If MetLife approves your TPD claim, the insurance payment will be paid into your super account. This new balance becomes your total benefit amount.

Providing you meet the requirements for early release due to permanent incapacity, we'll pay your benefit according to the payment instructions you've provided. You can choose to take your benefit as one or a combination of:

- leaving the amount in the Fund for future withdrawal, or
- a partial or full lump sum payment to you, or
- commencing an income stream, and
- a rollover to another super fund.

Please note, payments will not be made to third parties such as solicitors.

(For more on early release of super due to permanent incapacity, turn to page 20.)

If your TPD cover is provided through our previous insurer, TAL Life Ltd

Different arrangements apply if your TPD cover is provided through TAL Life Ltd, our previous insurer. This may apply if your date of disablement is before 1 July 2022. If TAL approves your claim, the total amount of your benefit will depend on which TPD definition your claim meets under the relevant TAL policy (Definition 1, 2 or 3). You'll receive your payment in one of the ways set out below.

For claims approved under Definition 2 (everyday working activities)

If your claim was approved under Definition 2, you'll receive 100% of your TPD sum insured amount, which will form part of your super account balance.

For claims approved under Definition 1 (any occupation), or Definition 3 (domestic duties)

If your claim was approved under Definition 1 or Definition 3, 60% of your TPD sum insured will be paid into your super account.

Then, in three years, you'll be reassessed to determine whether you still meet the same TPD definition. If you do, the remaining 40% of your TPD sum insured will be paid into your super account. This secondary date is known as the subsequent notification date. TAL will contact you before this date to start the assessment process for you to access the remainder of your TPD sum insured.

The remaining 40% is subject to:

- you letting us know that you want to continue with the TPD claim
- you still meeting the relevant TPD definitions of the policy which will be assessed by the insurer, and
- you still being a member of the Fund. If you've left the Fund, you won't be eligible to claim the remaining 40% of your TPD benefit.

Please note that if your health changes and you meet Definition 2 before your subsequent notification date, you'll be eligible to receive your remaining TPD benefit without waiting the three years. It's important that you contact us if you believe this may apply to you at any time.

How your benefit payment is invested

Any TPD insurance benefit we receive from our insurer for you will be added to your account and invested in the Cash investment option. Your existing account balance will continue to be invested according to your chosen super investment options and accrue returns, and you'll continue to pay any applicable fees and charges, such as our administration fees and any insurance costs.

You can change your investment mix online or using the investment choice form available on our website at any time.

Tax on your benefit payment

Your TPD or permanent incapacity payment may be taxed, depending on your personal circumstances, including:

- your age when withdrawing the money
- how you receive the money (for example if you receive income payments or a single lump sum)
- whether your payment is coming from your super or your insurance, or both.

Consider getting help from an expert

Tax on payments can vary depending on how and when you'd like to receive your payment. We recommend you get tax advice before making your final decision to better understand how the different options may affect your tax situation.

Catholic Super offers expert financial advice services through our licensed Financial Planners.* Our advisers can provide assistance on the likely impact of any benefit payments with regards to your personal financial situation, and help you make informed decisions about receiving and managing your benefit.

To book an appointment with a Catholic Super Financial Planner, head to our website or give us a call.

Call us:
1800 065 753
Monday to Friday 9:00am-5:00pm AET

Visit our website:
csf.com.au/get-advice

* Financial advice may be provided by Togethr Financial Planning Pty Ltd (ABN 84 124 491 078 AFSL 455010), trading as Catholic Super Financial Planning – a related entity of the Fund.

If you don't agree with the outcome of your claim.

You can request a review

If the insurer has let you know they intend to decline your claim (refer to page 13 to learn more), and you don't agree with the decision, you have 28 days from the date you received the notification letter to request a review by providing further information that might support your claim.

All requests for a review are treated as formal complaints and are independently assessed by the insurer and the Trustee.

We try to resolve these requests via our internal complaints resolution process within 45 calendar days of receiving the request for a review.

Once our review is complete we'll be in touch to let you know the outcome.

If you don't hear from us within this time, or if you still aren't satisfied with the outcome, you can call or write to the **Australian Financial Complaints Authority** (AFCA) to request an independent review of your claim.

Escalating your complaint

If you're still not satisfied with the decision we reach, you may refer the complaint to AFCA.

Online: **afca.org.au**

Email: **info@afca.org.au**

Phone: **1800 931 678**

Mail: GPO Box 3, Melbourne VIC 3001

Please note that complaints can generally only be lodged with AFCA if you've followed the internal review process as outlined previously, or if the Trustee has failed to make a decision within 45 days of receiving your review request.

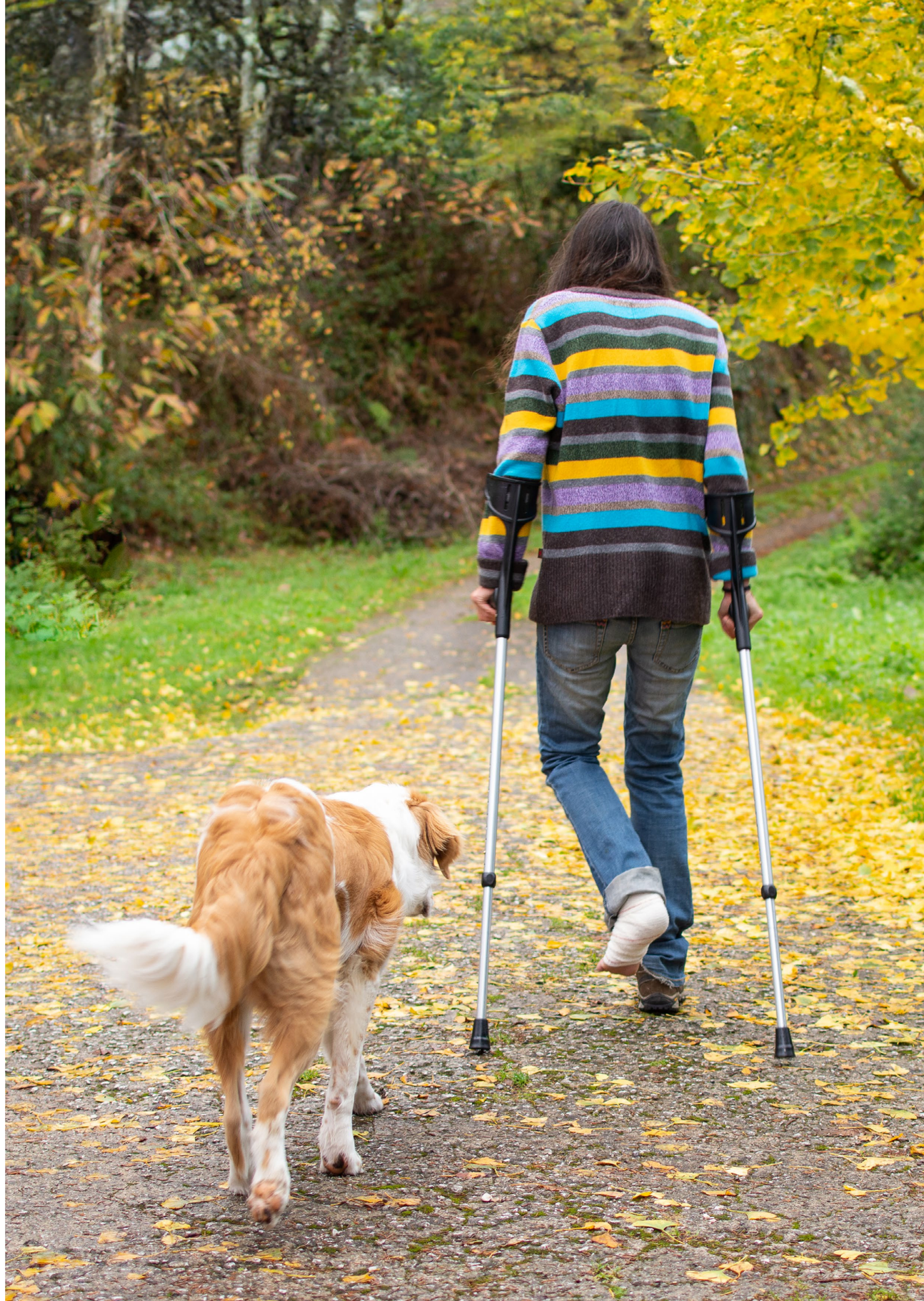
You must lodge your complaint with AFCA within 28 days of receiving notice of the Trustee's final decision on your complaint.

- **If AFCA accepts the complaint**
  They'll try and help you and the Fund reach a mutual agreement through conciliation.
- **If conciliation is unsuccessful**
  The complaint will be referred to AFCA for a determination.

Payment of the benefit (if applicable) will be suspended until the matter is resolved by AFCA. If a complaint is not lodged with AFCA within the 28-day limit, you can request a reassessment of your claim, which will be treated as a complaint.

If you're facing financial difficulty, you may be able to access your super early on severe financial hardship or compassionate grounds. Visit our website **csf.com.au/additional-support** for details on the government rules and eligibility requirements that apply.

For a copy of our complaints resolution process, please call us on **1300 655 002**, Monday to Friday 8:30am to 6:00pm AET, or visit our website at **csf.com.au/complaints**



When TPD cover won't be paid by the insurer.

In some circumstances, your TPD insurance cover may not be payable. These are outlined below.

An insured benefit won't be paid in the following circumstances

Our insurer will not pay any part of the TPD insured benefit where it arose, directly or indirectly as a result of:

- war or an act of war while you're an active participant in that war; or
- unlawful participation in an act of terrorism; or
- an illness or injury that is excluded while your cover is limited cover.

For any increase in cover you applied for and were then accepted for following underwriting, or if you're covered by interim accident cover, no claim will be payable if it arises directly or indirectly as a result of:

- death caused by suicide in the 13-month period commencing from the day that your increase in cover was accepted;
- disablement caused by intentional self-inflicted injury or attempted suicide regardless of whether you were sane or insane at the time; and
- any other exclusions advised to you at the time of underwriting.

For any increase in cover provided following a life event, no claim will be payable if it arises directly or indirectly as a result of:

- death caused by suicide; or
- disablement caused by intentional self-inflicted injury or attempted suicide, regardless of whether you were sane or insane at the time.

No claim will be paid where the payment would expose the insurer or Catholic Super to any sanction under a United Nations resolution, or any other applicable sanctions, laws, or regulations.

Duty to take reasonable care not to make a misrepresentation

When you apply for insurance through the Fund, you have a legal duty to take reasonable care not to make any misrepresentations to the insurer – such as a false answer, or an answer that's not entirely true or provides only part of the truth. This also applies when you make changes to your insurance cover such as increasing your cover or reinstating your cover.

If the insurer finds that a misrepresentation occurred, this can impact the outcome of a claim. For example, the insurer may choose to cancel your cover, change the amount of cover being provided, or change the terms of the cover provided to you. If this has occurred, it may result in some or all of your claim being declined.

If you need to make a complaint

If you don't agree with the insurer's decision to decline the TPD sum insured, you can make a complaint to the Fund. Our complaints handling information is available on page 16 or on our website.

We aim to resolve all complaints as soon as possible. A final response will be sent to you no later than 45 days from when your complaint was received. If we're unable to resolve your complaint within 45 days, we'll let you know.

Call us:
1300 655 002
Monday to Friday 8:30am to 6:00pm AET

Write to:
Complaints Officer
Catholic Super
GPO Box 4303
Melbourne VIC 3001

Email:
complaints@csf.com.au

Online:
csf.com.au/complaints

Early release of your super balance due to permanent incapacity.

If you'd like to access the balance of your super as a disability benefit, you may be eligible to claim permanent incapacity (PI), which allows the early release of your super account balance. In this section, we look at eligibility for permanent incapacity claims and how they're assessed in more detail.

What is a permanent incapacity claim?

A permanent incapacity claim can allow you to gain early access to your super account balance (referred to as early release), if you're suffering an illness or injury that's likely to stop you from ever working again in any occupation you're qualified to do by education, training, or experience.

Being approved for a permanent incapacity claim doesn't necessarily mean you'll be approved for a TPD claim. That's because they're assessed under two different processes and by two different entities.

- Claims for your TPD insurance benefit are assessed by the insurer and must meet the terms and conditions of the TPD insurance policy that applies to your claim.
- Permanent incapacity claims are assessed by the Trustee and must meet the early release conditions that are outlined in superannuation law and the Catholic Super Trust Deed. Your super account balance may include any insurance proceeds paid by the insurer from a total and permanent disability claim.

Am I eligible? What the law says...

To be eligible for a permanent incapacity early release payment, you'll need to meet the definition of 'permanent incapacity' that applies under superannuation law.

In accordance with *Superannuation Industry (Supervision) Regulations* 1994, a member of a super fund is taken to be suffering permanent incapacity if the trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.

To receive concessional tax treatment, a benefit paid due to permanent incapacity must also meet the definition of a 'disability superannuation benefit' in accordance with the *Income Tax Assessment Act* 1997:

a. the benefit is paid to an individual because he or she suffers from ill-health (whether physical or mental); and
b. two legally qualified medical practitioners have certified that, because of the ill-health, it is unlikely that the individual can ever be gainfully employed in a capacity for which he or she is reasonably qualified because of education, experience or training.

The claims process

Contact us

Please call our team directly on **1300 655 002**, Monday to Friday, 8.30am to 6.00pm. We'll help you with the first steps of making a permanent incapacity claim and inform you of what's involved with the overall process.

Documents

Once we've confirmed that you're eligible to claim, we'll ask you for the following information:

- Member Statement – to be completed by you, and
- medical reports – to be completed by two different legally qualified medical practitioners.

You'll also need to provide:

- certified copies of identification documents, and
- any other documents to support your application.

Assessment

Your claim will be assessed against the early release terms and conditions outlined in superannuation law and the Fund rules to ensure it meets the definition of permanent incapacity.

We'll check that your application is complete, and we'll contact you if we need further information.

We'll strive to reach an outcome as quickly as possible and will keep you regularly updated throughout the assessment process.

The time your claim will take depends on personal circumstances and the availability of the information we need from you, your doctors or specialists. Generally, we aim to finalise permanent incapacity claims within 5 business days of receiving all the required documentation.

Decision

The Trustee is responsible for assessing and deciding on your permanent incapacity claim. This includes ensuring the decision is fair and reasonable and meets the early release benefit requirements, as governed by superannuation legislation.

If your claim is approved, we'll pay your benefit in accordance with your payment instructions.

If your claim is declined and if you disagree with the decision, you can request a review. You'll be given the opportunity to provide further evidence to support your claim. All review requests are treated as formal complaints and will be independently assessed by the Trustee. Find out more about making a complaint on page 16.

Payment

If we approve your claim, your super account balance can be paid to you in one or a combination of the following ways:

- leaving your account balance in the Fund for future withdrawals, or
- as a partial or full lump sum withdrawal, or
- as a retirement income stream to provide you with regular income payments to support you into the future, or
- a rollover to another super fund.

If you decide to keep your benefit payment in your super account, just note that any additional money allocated to your super account after the approval of your claim (for example if you receive any contributions to your super through any other means), will be subject to the normal super preservation rules. This means you won't be able to access those additional funds until you've reached age 65, or you've retired from the workforce, or you meet a condition of release.

Please note, payments will not be made to third parties such as solicitors.

How much can I withdraw?

If you're eligible, you'll be able to withdraw your entire super account balance or choose to make a partial withdrawal.

If you choose to take a partial withdrawal, a minimum account balance of $6,000 is required to be kept in your account to cover insurance fees for any existing death and disability insurance you have through the Fund. If you don't retain this minimum amount, any insurance cover you have will stop and you may not be eligible to claim any benefits.

Is there a waiting period?

No waiting periods apply before you can make a permanent incapacity claim. We'll start assessing your claim as soon as the required documentation is received.

Tax on permanent incapacity benefits

Permanent incapacity is an early release of your super account balance. As such, your benefit is likely to incur tax depending on your age, how you withdraw the benefit (i.e. as a lump sum or an income stream), and how your account may have already been taxed.

We recommend getting financial advice to understand how any benefit payment made to you may be taxed.

Payments generally consist of a tax-free component as well as a taxable component.

Type of super	Type of withdrawal	Maximum tax rate (including Medicare levy 2%)
Taxable component – taxed element	Lump sum	**Before age 60:** Up to 22% **On or over age 60:** No tax payable

Making a permanent incapacity claim – at a glance.

1. Call us

When you're ready to make a claim, call our team on 1300 655 002

- Have details of your injury or illness ready (see page 12).
- We'll ask you details about your employment and circumstances.

2. Documents

We'll send you the claim forms you need to complete

We'll also ask you to provide some supporting documentation.

3. Review

Your permanent incapacity claim comes directly to us (as Trustee) to review

- We'll determine whether your claim meets the early release conditions as governed by superannuation law and the Catholic Super Trust Deed.
- We'll keep in touch and provide you with updates as your claim progresses.
- We may ask you to provide additional information if necessary.

4. Decision

If your claim is approved

Your existing super account balance will become available to you.

5. Payment

We'll pay your benefit according to the payment instructions you've given us.

For example, you can choose to take your benefit as one or a combination of:

- leaving the amount in the Fund for future withdrawals
- a partial or full lump sum payment to you
- a rollover to another super fund, and
- commencing an income stream.

Please note, payments will not be made to third parties such as solicitors.

If you need help deciding, please contact our team on **1300 655 002**.

How to certify documents.

A certified copy is simply a photocopy of an original document, which has then been witnessed, signed and stamped as being a 'certified true copy' of the original by an authorised person. Please note that we cannot accept a photocopy of certified documents.

Which documents can I use to prove my identity?

The documents listed below can be used to prove your identity. Any documents you provide must be certified as true copies by a person who is authorised to certify documents.

A certified copy of **ONE** of the following documents **ONLY**:

- Current Australian or foreign driver's licence (including the back of the driver's licence if your address has changed)
- Australian passport (may be used if expired in last 2 years)
- Current foreign passport, or similar document issued for the purpose of international travel
- Current card issued under a State or Territory for the purpose of proving a person's age
- Current national identity card issued by a foreign government for the purpose of identification

OR

A certified copy of **ONE** of the following documents:

- Birth certificate or extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

AND

A certified copy of **ONE** of the following documents:

- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
- Tax Office Notice of Assessment issued in the last 12 months
- Rates notice from local council issued in the last 3 months
- Electricity, gas or water bill issued in the last 3 months
- Landline phone bill issued in the last 3 months (note mobile phone bills will not be accepted)

What's the correct way to certify documents?

All copied pages of original supporting documents or proof of identity documents need to be certified as true copies. To do this, the authorised person must:

- sight the original and the copy and make sure both documents are identical
- make sure **all pages** have been certified as true copies by writing or stamping 'certified true copy' on each page
- sign, print their name, print their qualification (e.g. Justice of the Peace, Australia Post employee etc) and registration number (if applicable) **on each page**, and
- date their certification (must be within 12 months of receiving the document to certify) also **on each page**.

Certified true copy
J. Sample
Mr John Sample
Justice of the Peace
Registration No.123456789
Date: 01/01/2020

Who can certify documents?

The following people are commonly authorised to certify documents:

- Pharmacist
- Justice of the Peace
- Notary Public
- Medical practitioner or nurse
- Police officer
- Accountant (CA/CPA)
- Legal practitioner
- Financial planner (Officer with or Authorised Representative of an Australian Financial Services Licensee) (with two years' experience)
- Full-time teacher (school or tertiary)
- Bank/credit union/building society officer (with two years' experience)
- Permanent employee of a Commonwealth, State/ Territory or local government (with two years' service)

Who can certify documents outside Australia?

Outside of Australia, the following people can be used to certify documents:

- An authorised staff member of an Australian Embassy, High Commission or Consulate
- An authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- An authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- A Member of the Australian Defence Force who is an officer or a non-commissioned officer with two or more years of continuous service
- Notary Public from a country ranked from 1 to 129 in the latest Transparency International Corruptions Perception at **transparency.org**

Have you changed your name?

If you've changed your name, you must provide a certified copy of the relevant name change document. For example – a marriage certificate, deed poll, decree nisi/divorce order, or change of name certificate issued by the Births, Deaths and Marriages Registration office.

For more information on proof of identity, please head to our website at **csf.com.au/super-forms** and click on 'Update account details' for our *Proof of identity guide*.

If you're having trouble providing the documents needed to prove your identity, please give our team a call to discuss your options on **1300 655 002**, Monday to Friday 8:30am to 6:00pm AET.

Support directory.

Having to stop work because of an illness or injury can be stressful for you as well as your family. And going through the process of making an insurance claim can seem like an additional challenge. Our team is here to help guide you and ensure the claims process is as easy and straightforward as possible.

Taking care of *you*

If you've been impacted by illness or injury, it's especially important to be mindful of your own care and wellbeing. If you're feeling overwhelmed or distressed, you might like to consider these services as a potential source of support.

- Lifeline Australia on 13 11 14 (available 24 hours)
- Beyond Blue on 1300 224 636 (available 24 hours)
- MensLine Australia on 1300 789 978 (available 24 hours)
- Thirrili on 1800 805 801 – support for Aboriginal and Torres Strait Islander people and communities (available 24 hours)

We're here if you need us

Speak with our team

Remember, our team is here to support and guide you if you need to make a claim. At Catholic Super, we're here to act in your best financial interests – and we've been doing that for our members for more than 50 years.

If you'd like assistance, please get in touch.

Call us:
1300 655 002
Monday to Friday 8:30am to 6:00pm AET

Visit our website:
csf.com.au

Email us:
info@csf.com.au

Catholic Super Financial Planning

Catholic Super offers expert financial advice services through our licensed Financial Planners.* Our advisers can provide assistance on the likely impact of any benefit payment with regards to your personal financial situation, and help you make informed decisions about receiving and managing your benefit.

To book an appointment with a Catholic Super Financial Planner, head to our website or give us a call.

Call us:
1800 065 753
Monday to Friday 9:00am to 5:00pm AET

Visit our website:
csf.com.au/get-advice

* Financial advice may be provided by Togethr Financial Planning Pty Ltd (ABN 84 124 491 078 AFSL 455010), trading as Catholic Super Financial Planning – a related entity of the Fund.

MetLife 360Health

Comprehensive virtual health care services – at no extra cost

As a member of Catholic Super, you and your family* can get confidential access to leading specialists, general practitioners (GP)/doctors and mental health clinicians to get confidence and clarity regarding your wellbeing or medical concerns.

Services offered include:

- Mental health (available to adults aged 18 years and over)
- Nutrition
- Fitness and mobility
- Expert medical opinion
- Recovery support
- Menopause support

To find out more, visit **csf.com.au/360health**

* Family includes your partner, children, parents and parents-in-law.

If you need to make a complaint

If you're not satisfied with any aspect of the service you receive from us, or if you don't agree with the insurer's decision to decline the sum insured, you can make a complaint to the Fund.

To find out more about how to make a complaint:

Call us:
1300 655 002
Monday to Friday 8:30am to 6:00pm AET

Email:
complaints@csf.com.au

Online:
csf.com.au/complaints

We're here to help

Remember, our team is here to support and guide you if you need to make a claim. If you'd like assistance, please get in touch.

Catholic Super

1300 655 002

Monday to Friday 8:30am to 6:00pm AET

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