Making an income protection (IP) claim.

20 October 2025

Catholic Super

Our commitment to you

If you've experienced an illness or injury that stops you from working, it can be a difficult and stressful time for you and your family. For many people, making an income protection (IP) 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 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.

Inside.

Overview.

If you're temporarily off work because of an illness or injury, you may be eligible to claim an income protection (IP) benefit, which can provide assistance with everyday expenses. 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 an IP benefit.

What is an IP benefit?

IP insurance cover can provide you with regular monthly payments if you're temporarily unable to perform your usual duties in your regular occupation because of illness or injury.

Your eligibility to receive an IP benefit will be assessed by our insurer, in line with the terms and conditions of the insurance policy.

If your claim is approved, you may receive monthly payments for either total or partial disability. This will depend on whether you can do some work or no work at all. The insurer will decide this when they assess your claim.

Payments will begin after your waiting period has ended and are made directly to you, monthly in arrears (this means your payment for a month is received in the following month). IP payments will continue for the duration of your benefit period, or until you turn 65 (whichever comes first).

To remain eligible for ongoing payments, you must continue to meet the terms and conditions of the IP policy throughout your benefit period.

Our role as Trustee

As the Trustee of Catholic Super, we have a duty to act in the best financial 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.

Key terms explained

Some of the terms used in this handbook have a specific meaning – for example 'waiting period', 'benefit period' and 'partial disability'. Key terms are explained in more detail on page 7.

Waiting periods apply

Please note that waiting periods will apply. 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 an IP claim with the Fund.

Your chosen waiting period will be either 90, 60 or 30 days. The waiting period starts from the date you first receive medical advice from a doctor who certifies that you were totally disabled on that day.

Once your claim has been accepted, payment will be made during the following month and will cover any amount in arrears starting from the end of the waiting period.

Learn more about waiting periods on page 7 of this handbook. You can also give us a call on **1300 655 002**, Monday to Friday 8:30am to 6:00pm AET, to request a copy of the insurance policy.

The role of our insurer

Insurance cover for Catholic Super members is currently 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.

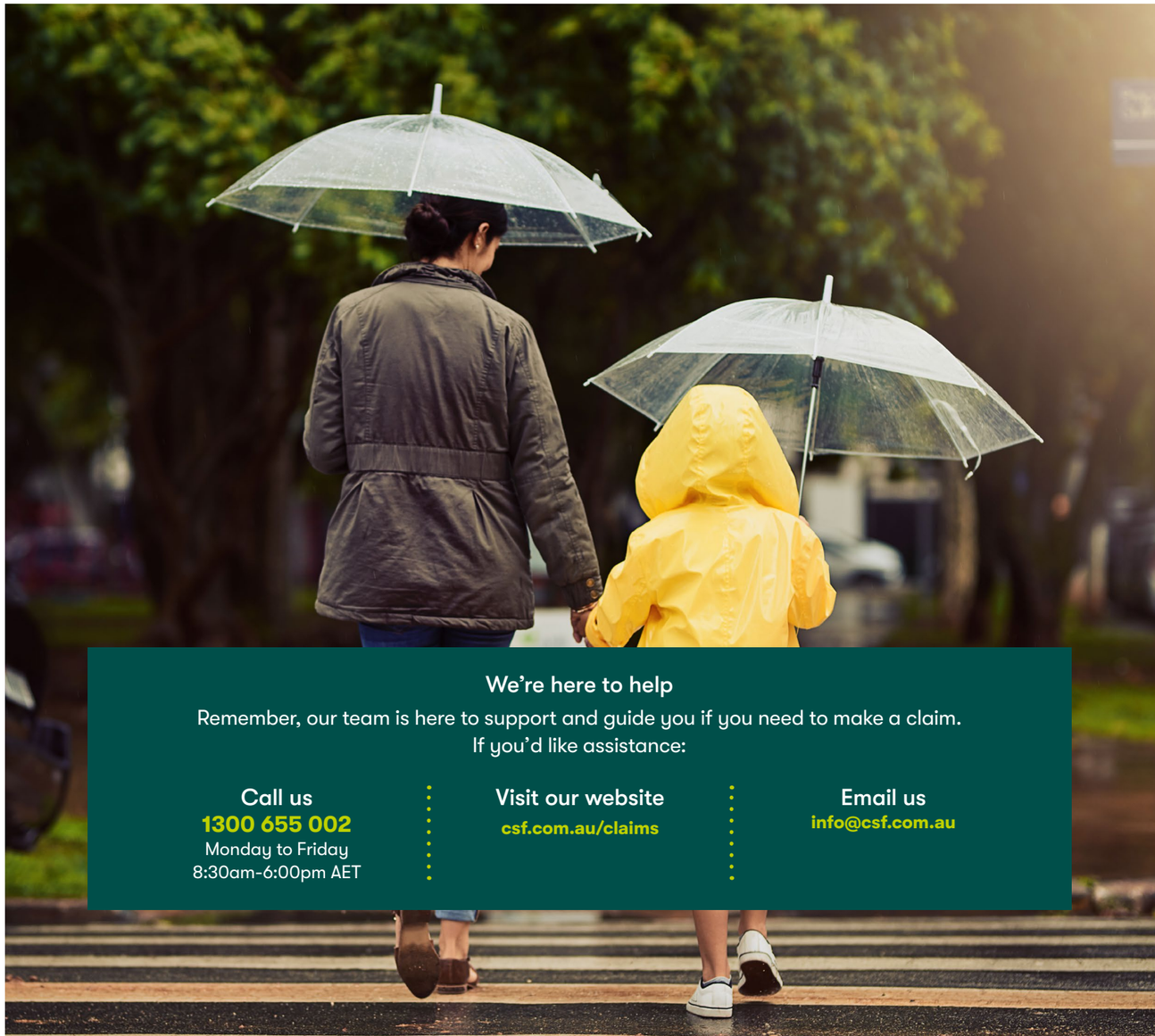
MetLife assesses, manages and pays claims covered by the insurance policies they provide. Catholic Super works with MetLife to ensure eligible claims are paid as quickly as possible.

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.

Do you have IP cover under other insurance policies?

It's important to check what other insurance policies you hold, particularly if you have more than one super account. If you have IP cover with other super funds, you should contact those funds to discuss their claims process.

If you have two income protection policies, your benefit payments will be reduced by any other payments you're receiving – you won't get paid twice as much.



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 an IP benefit?

If you're temporarily off work because of an illness or injury, you may be eligible to claim an IP benefit through any IP insurance cover you have with Catholic Super. 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 IP definition

The key factor when it comes to eligibility for an IP benefit is whether you meet the specific definition of **partial disability** or **total disability** for IP (as outlined on page 7), under the terms of the insurance policy that applied when you stopped work as being unfit for work.

IP 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 an IP claim, we'll determine which IP policy applies based on your date of disablement and we'll let you know which definitions apply to your claim during the claims process.

As a guide, we've included our current IP definitions on page 7. These apply to claims where the date of disablement is on or after 1 July 2022.

What if you're receiving other insurance payments?

If your claim for a total and permanent disablement or terminal illness benefit is approved, your IP payments will continue for your current condition until the end of your benefit period or until you turn 65 (whichever comes first), as long as you keep meeting the eligibility requirements. However, you won't be able to make a new IP claim in the future.

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 taken into consideration when assessing your claim, which may include:

- your medical capacity
- your employment status
- work duties and earnings, and
- the impact of your injury or illness.

Information will be gathered from your employer, doctors and specialists, or any other organisations that 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.

Key terms explained

Total disability	Means, because of an illness or injury you are: • unable to perform at least one income producing duty of your occupation (a duty that generates 20% or more of your monthly income); and • under the regular care of, and following the advice of, a doctor; and • not working in any occupation, whether for reward or not for reward.
Partial disability	Means, because of an illness or injury, and after having a total disability for a period of at least 7 days out of 12 consecutive days: • you are no longer suffering from a total disability; and • you have resumed, or in the insurer's opinion are able to resume partial employment; and • as a result of the injury or illness that caused your total disability you are receiving (or would receive if you returned to work) an income that is lower than your pre-disability income; and • you are under the continuous and regular care of a doctor undergoing the appropriate treatment.
Waiting period	This is the time you need to wait before your IP claim will be assessed. Your waiting period will be either 90, 60 or 30 days. Your waiting period starts from the date you first receive medical advice from a doctor who certifies that you were totally disabled on that day. Once your claim has been accepted, payment will be made during the following month and will cover any amount in arrears commencing from the end of the waiting period. **What if I return to work during the waiting period?** If you return to work during the waiting period and the return proves unsuccessful due to the injury or illness causing total disability, then the original waiting period will continue if you returned to work for no more than 10% of the waiting period.
Benefit period	This is the maximum time over which a claim for an IP benefit will be paid, provided you continue to meet the eligibility requirements. Your benefit period will be either 2 years, 5 years, or until you turn 65 when benefit will cease.
Recurrent disability	Where insured cover to an insured person is in force, a period of disability will be deemed to be a continuation of an earlier period of disability if the disability is caused by the same medical condition and is separated from the previous period of disability by a period of less than 6 months active full-time work. We consider an insured person is in active full-time work if they are working their usual hours of work prior to their disability. If a period of disability is deemed to be a continuation of an earlier period of disability the waiting period does not apply to it. If the period of disability is not deemed to be a continuation of an earlier period of disability under this clause, then a new waiting period and benefit period will apply. Where we have continuously paid a benefit for the benefit period we will not be liable to pay any further benefits for a disability that is caused by the same or related injury or illness. For the avoidance of doubt, monthly benefit payments will not exceed the benefit period for any one claim.

The IP 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.
- We'll also ask for details about your employment and circumstances.
- Find out more on page 10.

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 online, please contact our team on **1300 655 002**.
- If you're not comfortable lodging your claim online, we'll send you the paper forms 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:

- The insurer will notify you directly of their decision and provide details of the monthly payments.

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 the insurer to make sure 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

- The insurer will notify you directly of their decision and provide details of the monthly payments.

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 14 to learn more about the complaint process.

5. Payment

The insurer will pay IP benefits, monthly, to your nominated bank account.

If eligible, any super contributions will be paid to your super account.

For the duration of the claim, the insurer will regularly review your situation to make sure you're still eligible to receive ongoing payments.

How to make an IP claim.

If you need to make an IP claim, we're here to support you. Every claim is different and the time it takes to assess a claim can vary. But in 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 an IP 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.

Who provides the insurance?

MetLife is Catholic Super's current death, TPD and IP insurance provider. However, our former insurance provider, TAL Life Ltd, insured 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.

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've 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 claim.

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).
- *Tax File Number declaration* – 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. Any costs associated with completing this form will need to be covered by you.
- *Employer Statement* – to be completed by your employer at the time you stopped work.

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

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 cost 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 MetLife may ask for.

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

4. Decision

If your claim is approved by the insurer

The insurer will let you know in writing and will confirm:

- the date your benefit starts
- your monthly benefit amounts
- any eligible super contributions, and
- whether any tax will be deducted.

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 assess the claim again, 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 14 to learn more.

How long does a claim take?

There are several steps involved in assessing an IP claim. We aim to finalise claims as quickly as possible. In most cases, IP claims are finalised within two 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.

5. Payment of the claim

If our insurer approves your IP claim, the monthly benefit payments will start one month after the end of your waiting period. These benefit payments are paid in arrears. For example, any benefit owing for the one-month period to 15 May will be paid one month later on 15 June.

If the benefit is payable for only part of a month, your payment will be calculated at 1/30th of the monthly benefit for each day it's payable.

The insurer will pay your monthly benefit electronically to your nominated bank account.

If eligible, any super contributions will be paid directly to your super account. For the duration of the claim, the insurer will regularly review your situation to make sure you're still eligible to receive ongoing payments.

Receiving your benefit

How an IP benefit is calculated.

A number of different factors are taken into account when determining the amount you'll receive as a monthly IP benefit payment. Depending on your circumstances, your IP benefit may also be subject to income tax. This section summarises how benefits are calculated and the potential impact of tax.

Calculating your IP benefit

An IP benefit is paid to you when you suffer a total disability or a partial disability. You'll receive either the amount of IP cover you have, or 75% of your monthly income; whichever is lower. After your initial waiting period is over, this amount will be paid to you monthly (in arrears).

If you return to work in a reduced capacity, you may still receive a partial benefit. The amount payable would be reduced by any actual monthly income earned, or income the insurer reasonably estimates that you were capable of earning, during the month of partial disability.

The insurer will regularly review your disablement and income status during the benefit period to ensure you're still eligible for IP payments.

Super contribution benefit

Your IP benefit may also include a super contribution paid to your Catholic Super account. The contribution amount depends on the amount of IP cover you have and your monthly income, as shown in the table below.

Amount of IP cover	Super contribution
75% or less of monthly income	None
75-85% of monthly income	Your IP cover amount less 75% of your monthly income
85% or more of monthly income	10% of your monthly income

Calculating your monthly income

An IP benefit is paid to you as a monthly income, one month in arrears. For example, any benefit owing for the one-month period to 15 May would be paid one month later from 15 June.

The monthly income that is used as a reference for calculating your IP benefit is based on your employment situation immediately before the date of disability, as follows:

- Your monthly income is one twelfth of the annual pre-tax salary that applied immediately before you were disabled (excluding other payments your employer might pay you, and excluding any income derived from a source other than your employer).
- If you directly or indirectly own all or part of the business or practice that is your employer, your monthly income is one twelfth of the annual share of the income of that business or practice generated by you in the previous 12 months, (after the deduction of your share of expenses in generating that income).

Sources of income that may reduce the IP benefit you receive

The amount of IP benefits payable to you will be reduced by the amount of any of the following benefits you're entitled to as a result of your inability to work:

- IP benefit payments from another insurance policy or super fund
- sick leave payments made to you by your employer
- court or out-of-court settlements relating to loss of income or loss of earning capacity that are directly or indirectly related to the illness or injury that forms the basis of your benefit being paid
- worker's compensation or motor accident compensation payments, or
- accident compensation or other similar benefits paid under State, Territory or Federal legislation, such as the Department of Veterans' Affairs.

Sources of income that won't reduce your IP benefit

Income received from any of the following sources won't reduce the amount of your IP benefit:

- income stream payments through a super fund
- income earned from your investments, including rental income
- lump sum total and permanent disability, trauma or terminal illness benefit payments (including lump sum superannuation benefits)
- annual leave or long service leave entitlements paid to you by your employer
- Centrelink or other government welfare payments, or
- other termination payments (including redundancy or severance payments).

If you were on employer-approved leave

If you suffer total disability or partial disability while you're on unpaid leave, you'll only be eligible for an IP benefit from the date that your employer had recorded for your return to work, or from the end of the waiting period – whichever is later.

The insurer will calculate the benefit you'll be paid based on the monthly income that applied before your leave started.

What about tax on IP benefit payments?

IP benefits are paid as taxable income and, just like salary and wages, they attract Pay As You Go (PAYG) tax. Any tax that applies is deducted from your IP benefit before it's paid to you and sent to the Australian Taxation Office directly.

Income tax can be complex and depends on your personal financial circumstances. We recommend getting financial advice to better understand how your benefit payments might be taxed. One of our licensed financial planners would be happy to help you.

Will my benefit increase over time?

After 12 continuous months of receiving a total disability benefit, your IP payments will increase by either the annual Consumer Price Index (CPI) percentage increase, or 5%; whichever is less.

What happens if I die while still receiving an IP benefit?

If you die while receiving monthly IP payments, a one-off lump sum payment may be paid into your super account. This payment is equal to three times your monthly IP benefit. This amount is reduced by the total of any IP payments made after you died.

Approved rehabilitation benefit

If there's a rehabilitation program that's likely to assist with your return to work, you can ask the insurer to pay for the cost of it. If they approve your request, they'll pay it in addition to any IP benefit payable to you.

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 11 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 evidence that might support your claim.

All review requests 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.

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.

Online:

afca.org.au

Email:

info@afca.org.au

Phone:

1800 931 678

Mail:

GPO Box 3, Melbourne VIC 3001

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

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 at **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 IP cover won't be paid by the insurer.

In some circumstances, an IP benefit may not be payable. These are outlined below.

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

No IP claim will be paid 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;
- intentional self-inflicted injury or illness, or attempted suicide, regardless of whether you were sane or insane at the time;
- normal and uncomplicated pregnancy or childbirth. This exclusion includes multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar program, discomfort commonly associated with pregnancy (such as morning sickness, backache, varicose veins, ankle swelling, bladder problems);
- any other exclusions advised to you at the time of underwriting.

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 the claim being declined.

If you need to make a complaint

If you don't agree with the insurer's decision to decline the IP 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. However, if we have not resolved your complaint within 28 days, we'll provide a progress update. 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

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 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 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 at any time you're dissatisfied with the service you receive from us, or you don't agree with the insurer's decision to decline a claim, 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

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csf.com.au

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