

INFORMATION SHEET

Making a TPD claim

Your questions answered

If you are permanently unable to work due to illness or incapacity, or you are suffering a Terminal Illness, you may be entitled to a Total and Permanent Disablement (TPD) benefit.

What is TPD?

Your TPD entitlement includes the:

- Balance of your accounts; and
- Value of your TPD insurance cover (if any), subject to certain conditions.

TPD definition

Total and Permanent Disablement means that the Super SA Board is reasonably satisfied that:

- a) Your ill health (whether physical or mental) makes it unlikely that you would at any future time engage in gainful employment for which you are reasonably qualified by education, training or experience, or for which you could have been expected to become reasonably qualified following appropriate training or rehabilitation; and
- b) You are being treated by and following the advice of a medical practitioner for your ill health.

Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment and also includes any employment that you may be retrained or rehabilitated to perform based on your education, training or experience.

Members of the Pension Scheme, Lump Sum Scheme (and members of Triple S or the Flexible Rollover Product whose employment ceased prior to 3 September 2018) have a different test for Total and Permanent Disability applied to them (i.e. you must satisfy the Super SA Board that your incapacity for all kinds of work is at least 60% and is likely to be permanent).

Things to consider...

- The Super SA Board must approve the payment of a TPD benefit.
- If, prior to the Super SA Board approving a TPD benefit, you have resigned because of your incapacity, your employment was terminated due to your incapacity, or your employment was terminated due to the expiry of a fixed term contract, a benefit may still be considered. You must provide evidence to demonstrate that the reason for termination is a direct result of your incapacity at the date of termination and for at least six months since terminating employment.
- You must lodge an application for a TPD benefit within two years of termination of employment.
- If you are a preserved member (i.e. you previously terminated employment and you no longer have insurance) you can apply for Early Release of Preserved Benefits by ticking the Total and Permanent Disablement box on the attached form.
- A TPD claim will not be approved if you refuse or fail to submit to reasonable medical treatment that would likely assist in your rehabilitation to work.
- Please note that you will have to meet the cost of providing the medical evidence to support your claim.
- If you are claiming Triple S insurance cover and have resigned from employment pursuant to a Voluntary Separation Package¹ (VSP), you are not eligible to claim TPD insurance, even under Terminal Illness provisions.
- If you are claiming Flexible Rollover Product insurance cover that was transferred from Triple S, and have accepted a VSP, and the incapacity was known to you at the time of accepting the VSP, you are not eligible to claim TPD insurance, even under Terminal Illness provisions.

¹ A voluntary separation package is an agreement between yourself and your SA public sector employer pursuant to which you resign, but does not include an agreement pursuant to which you resign and accept the redemption of a liability to make weekly payments or provide compensation for medical expenses under the *Return to Work Act 2014* or under an industrial agreement or award.

How do I make a claim?

STEP 1 – Lodging your claim

- Complete the **Claiming my insurance** form.
- The **Medical Practitioner Report** is to be completed by your treating medical practitioner.
- The **Medical Specialist Report** is to be completed by a treating medical practitioner that is a specialist in your claimed conditions.
- Medical practitioners should comment on your claimed conditions at the current time. If you are claiming a TPD from the date of the termination of your employment the medical practitioners must also be able to comment on your condition at that time. If you need additional medical report forms you can make copies or call us on (08) 8214 7800 and we will send you more blank form copies.
- Return all the completed original forms together to Super SA along with all your supporting documentation as a complete application.
- If the information you send is incomplete or there is insufficient evidence to support your claim, you will either be asked to provide more information which will delay your claim, or your claim will be declined.

STEP 2 – Preparing your claim

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

STEP 3 – Assessing your claim

Based on the information available, your claim will be assessed. The Super SA Board will then decide to either:

- Approve your entitlement to a benefit under the legislation (see **Step 4 Paying your benefit**);
- Defer your claim for further review;
- Decline your claim if you are not entitled to a benefit under the legislation.

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

STEP 4 – Paying your benefit

- If your claim is accepted, a Claims Management Officer will contact both you and your employer (where applicable).
- If you have not already terminated employment, you will need to terminate your employment with the South Australian Government in order for the benefit to be payable. (This does not apply if you are approved a Terminal Illness benefit.)
- Once all criteria have been met, payment of your benefit will be arranged in accordance with the instructions provided under Payment information of the **Claiming my insurance form**.

Important

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

Payment options

Should your claim be accepted, you have three options for the payment of your entitlement:

Option 1:

Have your TPD entitlement paid to you as a lump sum payment.

Option 2:

Roll over your TPD entitlement to the Super SA Flexible Rollover Product or the Super SA Income Stream. More information about these products is available on the Super SA website. You can also roll over your TPD entitlement to another complying super fund. If you are approved for a Terminal Illness benefit, this cannot be rolled over.

Option 3:

Have some of your TPD entitlement paid to you as a lump sum and roll over the balance.

Please note that TPD benefits may receive concessional tax treatment, however some tax may still be payable. You are strongly advised to seek advice from a professional financial adviser before you make any decisions about your payment.

Frequently asked questions

Will it cost anything to lodge a claim?

You will have to pay the cost of providing any medical evidence to support your claim, such as obtaining the Medical Reports from your treating doctors and any supporting documentation.

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

What if my condition is terminal?

If you have been diagnosed with a Terminal Illness, you can receive your TPD entitlement without having to terminate your employment.

To be eligible, you must satisfy the Super SA Board that you have an illness or condition that is likely, in the opinion of two medical practitioners (one being a specialist in the relevant field), to result in your death within 24 months of the day on which the opinion is given.

If you receive a Terminal Illness entitlement, you will not be entitled to any further insurance cover through a Super SA product, including Death, TPD and Income Protection Insurance.

How long will the claim take?

The time taken to assess your claim depends on the complexity of the claim, whether additional insurance is claimed, and the information that's available. A claim can take anywhere from a few weeks to several months, particularly if we have to wait for information from doctors. We will keep you informed of progress and how you may be able to help us if there are any delays outside of Super SA's control.

If you have Triple S Income Protection (IP) Insurance, you could consider also lodging an IP claim. If you are eligible, you may be entitled to regular income payments while your TPD claim is being assessed. It is important to note that Triple S IP benefits cease to be payable once you terminate employment with the SA Government for any reason (including TPD).

What if I also have Triple S IP Insurance?

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

Triple S IP Insurance provides a fortnightly benefit of up to 75% of your notional salary, plus an additional 9.5% of your fortnightly IP benefit paid to your Triple S account (known as a Contribution Replacement Benefit). Conditions apply. The IP benefit is payable for a maximum period of 24 months (12 months for casuals) or to age 65, whichever occurs first.

A 30 or 90 day waiting period applies from the date you last worked due to your incapacity before an IP benefit is payable. During the waiting period, you can use sick leave or other forms of paid or unpaid leave.

Triple S IP payments are not payable during the waiting period, or in respect of periods you are in receipt of paid leave, or weekly payments of workers compensation under Part 4 Division 4 of the *Return to Work Act 2014* or temporary income replacement benefits under an industrial agreement or award.

It is important to note that Triple S IP benefits cease to be payable once you terminate employment with the SA Government for any reason (including TPD) or a Terminal Illness benefit is approved.

If you wish to claim Income Protection, you must apply for Income Protection within six months of;

1. the date you last worked; or
2. ceasing to be on paid leave taken immediately following the incapacity; or
3. ceasing to be entitled to workers compensation or other temporary income replacement benefits payable under an industrial agreement or award.

For more information on lodging a Triple S IP claim, see the Making an IP Claim information sheet available from the Super SA website or your Super SA Claims Management Officer.

Is there a timeframe to lodge a claim?

If you are claiming through Triple S insurance cover, you can lodge anytime while still employed, but if your employment is terminated and you wish to lodge a TPD claim, you must do so within two years of terminating employment. If you are claiming a TPD insurance benefit through the Flexible Rollover Product you must have worked in paid employment for an average of 9 or more hours per week in any 6 month period in the 2 years prior to lodging a claim.

What if my employment is terminated by resignation, retirement or the expiry of a fixed term contract?

You must be incapacitated for all kinds of work for a period of six months before you can be paid a TPD benefit if you resign, retire or your employment is terminated by the expiry of a contract. The six month period must follow on from the end of your employment.

What exclusions to TPD benefits may apply?

Some members are not eligible for TPD Insurance, or may have been eligible to apply for TPD Insurance but did not apply to take out cover. These members may still be able to claim the balance of their accounts under TPD or Early Release of Preserved Benefits. Limitations and conditions may also apply to TPD Insurance.

TPD Insurance may not be payable in the following circumstances:

- You refuse to submit to reasonable medical treatment that would likely aid in your return to work.
- Where you resign from employment in connection to a Voluntary Separation Package (VSP).
- If you are a member of Triple S and you have been engaged in work for less than six months and you are claiming for a medical condition that existed prior to commencing Triple S membership.

If you or your employer do not advise Super SA of your resignation or termination of employment, there is a likelihood that the cost of your insurance will continue to be deducted from your account. Any insurance fees deducted after you have ceased employment will be reimbursed once we have been advised of your final date of employment.

What if my claim is declined?

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

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

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

The Complaints Officer

Super SA
GPO Box 48, Adelaide SA 5001

Email: supercomplaints@sa.gov.au

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

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

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

Need more information?

If you have any questions about TPD entitlements, contact Super SA on 1300 369 315.

In addition, there are fact sheets on a range of topics relating to your super available at supersa.sa.gov.au.

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

You can access a copy from the Super SA website.

Contact us



Email supersa@sa.gov.au



Website supersa.sa.gov.au



Member Centre, Karna Country
Ground floor, 151 Pirie St Adelaide SA 5000
(Enter from Pulteney Street).



Post GPO Box 48, Adelaide SA 5001



Phone 1300 369 315

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

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

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

Super SA and the State Government disclaim all liability for all claims, losses, damages, costs or expenses whatsoever (including consequential or incidental loss or damage), which arise as a result of or in connection with any use of, or reliance upon, any information in this document.