

FACT SHEET

Triple S Death and TPD, and Death Only Insurance

Triple S Death and Total and Permanent Disablement (TPD) Insurance provides cover to help ease the financial burden in case of your illness, injury or death.

Overview

Most Triple S members are automatically provided with default Death and TPD Insurance when they join Triple S or when they make a fund selection back to Triple S or Super SA Select (where the member does not already hold Death and TPD Insurance within Triple S).

Eligible members are covered until they reach age 70 if they become permanently disabled, terminally ill or die.

Not all members are eligible and some restrictions apply. More information on page 2.

Most eligible members automatically receive three units of Standard Death and TPD Insurance. The value of a unit of Standard Insurance is linked to your age, and gradually decreases after the age of 34.

Fixed Benefit Insurance is an alternative type of cover which can provide you with a fixed level of cover until you reach age 70.

Death Only Insurance is only available to Triple S Spouse members.

Standard Death and TPD Insurance Cover

Most members automatically receive three units of Standard Death and TPD Insurance². The value of each unit is determined by your age. These default units of Standard Insurance cover cost \$1 each per week (i.e. a total of \$3 per week). More details on pages 3.

Fixed Benefit Death and TPD Insurance

Fixed Benefit Insurance has a value of \$10,000 per unit which does not reduce as you age. It provides you with a fixed level of cover until you reach age 70.

Once you fix your level of cover it remains the same until you advise us that you want to change it or you reach age 70 when Death and TPD Insurance ceases for all members. The premium for Fixed Benefit Insurance will generally increase each year in line with your birthday. More details on page 4.

Death Only Insurance cover

Death and TPD Insurance cover	
Description	Can provide you with an insured benefit, up to and including age 69, payable in the event of your total and permanent disablement, or to your spouse ¹ or estate in the event of your death. This is payable in addition to your Triple S account balance.
Key benefit	A lump sum insurance entitlement payable in the event of death, total and permanent disablement or terminal illness. Cover of up to \$1,500,000 (or \$750,000 for casuals) is available to members on application.

Description	Can provide you with an insured benefit, up to and including age 69, payable to your spouse ¹ or estate in the event of your death. This benefit is paid in addition to your Triple S account balance.
Key benefit	A lump sum insurance entitlement in the event of death. Cover of up to \$1,500,000 is available to members on application.

¹ See Quick Glossary on page 10 for definition.

² Members of Triple S who are employed as SA Police Officers, SA Ambulance Operational staff and SA Ambulance staff who transferred into Triple S from the SA Ambulance Service Superannuation Scheme as a contributory member before age 60, automatically receive six units and cannot decrease or cancel these units until age 65. More details on page 4.

Changing the level of your Death and TPD Insurance cover

Most members can choose to increase, decrease or cancel their Death and TPD Insurance³.

If you want to increase your cover you can apply to purchase additional units of Standard or Fixed Benefit Death and TPD Insurance and will be required to provide health and medical information (limitations may apply on the additional units).

You can choose to transfer your existing level of Standard cover to Fixed Benefit at a value that does not exceed your current level of Standard cover, without having to provide medical information. In this case, any existing limitations will continue to apply but new limitations will not be applied. However, if you want an additional level of cover, you will be asked to provide health and medical information as part of your application.

You can only hold one type of Death and TPD insurance in Triple S at any time, i.e. Standard OR Fixed Benefit OR Fixed (closed).

Death Only Insurance

Death Only Insurance is only available to Triple S Spouse members⁴. Spouse members need to apply for Death Only Insurance cover.

The value of each Standard Death Only unit is based on your age and costs \$0.50 per unit per week.

Death Only Insurance is also available as Fixed Benefit Insurance where each unit has a fixed value of \$10,000 that doesn't reduce with age. The cost of units is based on your current age. Details on page 5.

Scenario	
Full-time + Part-time employees	3 Standard units
Casual employees	3 Standard units
Police and SA Ambulance members ³	6 Standard units
Lump Sum, Pension and Police Pension Scheme members who are also members of Triple S	Nil (but can apply for Death and TPD Insurance)
Triple S Spouse members	Nil (but can apply for Death Only Insurance)
Members aged 70 and over	Nil
A person who is employed for a specific period and is remunerated by a fee, allowance or commission (e.g. members of boards and committees, sessional members)	Nil
A member who has previously received a terminal illness benefit from Triple S or another SA Government super scheme.	Nil
A member who has previously received an invalidity benefit from another SA Government scheme.	3 Death Only Standard units

When you are not covered

Death and TPD Insurance cover ceases when you terminate employment with the SA public sector.

Members ineligible for any insurance cover

Triple S members not eligible for insurance (including additional insurance) include:

- Members aged 70 and over
- Members who have ceased SA Government employment
- Members who are employed for a specified period and are remunerated by a fee, allowance or commission (e.g. members of boards and committees, sessional members).
- Members who have previously received a terminal illness insurance benefit from another state government super scheme.

If a member previously received invalidity insurance benefits (or benefits of a similar kind) from Triple S or another SA Government super scheme and they recommence SA Government employment, they are entitled to Death Only Insurance cover only. However, the Death Only Insurance is not payable if the cause of death is connected to the condition for which the previous invalidity benefit was paid. Members in this category similarly cannot apply for additional Death Insurance and are also ineligible for IP Insurance cover.

Members ineligible for default cover who can apply for cover

Lump Sum, Pension and Police Pension Scheme members who are also members of Triple S, do not automatically receive units of Standard Insurance cover. However, these members can apply for insurance through Triple S in addition to the insurance provided through their

current super scheme if they are making salary sacrifice contributions to Triple S.

Triple S Spouse members are not automatically provided with insurance cover on joining but can apply for Death Only Insurance. See information on Death Only Insurance on page 5.

³ Members of Triple S who are employed as SA Police Officers, SA Ambulance Operational staff or SA Ambulance staff who transferred into Triple S from the SA Ambulance Service Superannuation Scheme as a contributory member before age 60, automatically receive six units and cannot decrease or cancel these units until age 65. More details on page 4.

⁴ Some exceptions apply. See the Triple S Insurance Restrictions fact sheet for more information.

When you are not covered

(Continued)

Spouse members are only eligible for Death Only cover. For spouse members, any Death Only cover ceases when the Triple S member ceases to be a member (i.e. withdraws their Triple S balance) or when the spouse member is no longer the spouse of the Triple S member (i.e. has divorced or permanently separated from the Triple S member).

You are not eligible to claim a Triple S Death and TPD Insurance entitlement for a medical condition that existed at the time you joined Triple S until you have been working in the SA public sector for six months. Once you have completed six months of active work, you will be covered for all medical conditions on the default units of cover you received on joining, including pre-existing medical conditions. Conditions may apply to any additional units.

If you make a Fund Selection away from Triple S or Super SA Select and later make a Fund Selection back to either scheme, you will be issued with default Death and TPD insurance if you do not already hold this insurance within Triple S⁵. In this scenario you will not be eligible to claim a Death or TPD insurance entitlement for a medical condition that existed at the effective date of your fund selection back to Triple S or Super SA Select⁶, until you have worked for 12 months following the date the cover was issued.

Death insurance is not payable where a claim arises from suicide within the first 12 months after the commencement or increase in the level of cover.

Former contributors of the Lump Sum Scheme and Pension Scheme who became Triple S members without ceasing employment, will not be eligible to claim a Total and Permanent Disablement insurance entitlement in relation to medical condition that existed before they become a member including terminal illness, for 24 months from the date their Triple S membership commenced.



Insurance Restrictions

For details of some of the situations where members are not eligible for insurance cover or where cover ceases. See the Triple S Insurance Restrictions fact sheet.

How a Fund Selection Impacts Death and TPD Cover

If you make a Fund Selection away from Triple S or Super SA Select your Death and TPD insurance will continue subject to you remaining employed by the SA Government and having a sufficient account balance to fund insurance premiums.

If you make a Fund Selection to Triple S or Super SA Select, you will be issued with default Death and TPD insurance if you do not already hold this insurance within Triple S. This cover will be subject to a 12 month pre-existing condition limitation as outlined earlier in the fact sheet.

Interim insurance

New SA Government employees who:

- direct their SA Government employer contributions to a fund other than Triple S or Super SA Select via a fund selection upon their commencement of employment with the SA Government and
- do not receive a contribution into Triple S and
- do not have an account balance in Triple S

may be provided interim Death and TPD cover (as well as Income Protection cover). This cover is provided from the commencement of their employment until the date their first employer contribution is paid to their nominated fund. No insurance premiums are payable for interim cover.

Standard Death and TPD Insurance

The value of Standard Death and TPD cover is shown below.

Standard Death and TPD Insurance					
Age last birthday	Unit value (\$)	Age last birthday	Unit value (\$)	Age last birthday	Unit value (\$)
16	75,000	35	72,000	54	18,000
17	75,000	36	69,000	55	16,000
18	75,000	37	66,000	56	14,000
19	75,000	38	63,000	57	12,500
20	75,000	39	60,000	58	11,000
21	75,000	40	57,000	59	10,000
22	75,000	41	54,000	60	9,000
23	75,000	42	51,000	61	8,000
24	75,000	43	48,000	62	7,000
25	75,000	44	45,000	63	6,000
26	75,000	45	42,000	64	5,000
27	75,000	46	39,000	65	5,000
28	75,000	47	36,000	66	5,000
29	75,000	48	33,000	67	5,000
30	75,000	49	30,000	68	5,000
31	75,000	50	27,000	69	5,000
32	75,000	51	24,000	70+	not offered
33	75,000	52	22,000		
34	75,000	53	20,000		

⁵ This includes if you have a made a Fund Selection from Triple S to Select or vice versa, and you did not hold Death and TPD insurance prior to making the Fund Selection.

⁶ The effective date is the date that the first contribution is made to the selected fund.

Death and TPD, and Death Only Insurance

The value of a unit of Standard Insurance is linked to your age. Once you reach age 35, the value of a Standard unit gradually decreases each year. For example, if you are aged 34, one unit is worth \$75,000, but at age 45, one Standard unit is worth \$42,000.

Most Triple S members receive three units by default. For a 25 year old the value of this cover is \$225,000 (i.e. 3 x \$75,000). However, for a 60 year old this is \$27,000 (i.e. 3 x \$9,000).

Your premiums, however, stay the same as the cover reduces.

Cost of Standard Death and TPD Insurance

Standard Death and TPD weekly premium
\$1 per week each unit

Example	Cost
Sally has 3 units of cover	3 units of Standard Death and TPD Insurance costs Sally \$3 per week (i.e. 3 x \$1)
Aliya has 10 units of cover	10 units of Standard Death and TPD Insurance costs Aliya \$10 per week (i.e. 10 x \$1)

SA Ambulance & Police

Triple S Police and SA Ambulance members automatically receive six default units of Standard Death and TPD Insurance which cost \$1 per unit per week (i.e. 6 units x \$1 = \$6 per week). Any additional units cost \$1 per unit per week.

Fixed Benefit Death and TPD Insurance

Fixed Benefit Insurance can provide you with a level of cover that doesn't change as you age.

Once you fix your level of Fixed Benefit Insurance, your level of cover remains the same until you advise us that you want to change it or you reach age 70 when Death and TPD Insurance ceases for all members.

Cost of Fixed Benefit Death and TPD Insurance

Each Fixed Benefit unit has a value of \$10,000, with the premiums based on your current age. The costs can be found in the table below. You can choose any number of Fixed Benefit Death and TPD units up to the value of \$1.5 million.

The premium paid for Fixed Benefit Insurance will increase each year (from age 35) after your birthday.

Fixed Benefit Death and TPD Insurance Premiums (\$10,000 per unit)					
Age last birthday	Weekly premium (\$)	Age last birthday	Weekly premium (\$)	Age last birthday	Weekly premium (\$)
34 and under	0.13	47	0.28	60	1.11
35	0.14	48	0.30	61	1.25
36	0.14	49	0.33	62	1.43
37	0.15	50	0.37	63	1.67
38	0.16	51	0.42	64	2.00
39	0.17	52	0.45	65	2.00
40	0.18	53	0.50	66	2.00
41	0.19	54	0.56	67	2.00
42	0.20	55	0.63	68	2.00
43	0.21	56	0.71	69	2.00
44	0.22	57	0.80	70+	not offered
45	0.24	58	0.91		
46	0.26	59	1.00		

Examples

Event	Calculation	Weekly cost
Isabella is aged 49 and purchases \$90,000 in cover.	9 units @ \$10,000 cover = 9 x \$0.33 per week	\$2.97 per week
Isabella turns 50 and her level of cover remains the same but the cost increases.	9 units @ \$10,000 cover Cost per unit is now \$0.37 per week = 9 x \$0.37	\$3.33 per week
Isabella turns 59 and her level of cover remains the same but the cost increases.	9 units @ \$10,000 cover Cost per unit is now \$1.00 per week = 9 x \$1.00	\$9.00 per week

Death Only Insurance

Death Only Insurance cover is only available to Triple S Spouse members⁷. There are two types of Death Only Insurance cover available: Standard and Fixed Benefit Insurance.

Standard Death Only Insurance

The value of a unit of Standard Death Only Insurance cover is based on your age. The value of each unit decreases with age but the premium remains the same. The value and cost of Standard Death Only units can be found in the table below.

Cost of Standard Death Only Insurance

Standard Death Only Insurance costs \$0.50 per unit per week, irrespective of how many units you have. Therefore two units of Standard Death Only Insurance will cost \$1 per week, four units will cost \$2 per week, and so forth.

Standard Death Only Insurance cover								
Age last birthday	Unit value (\$)	Weekly premium (\$)	Age last birthday	Unit value (\$)	Weekly premium (\$)	Age last birthday	Unit value (\$)	Weekly premium (\$)
34 and younger	75,000	0.50	47	36,000	0.50	60	9,000	0.50
35	72,000	0.50	48	33,000	0.50	61	8,000	0.50
36	69,000	0.50	49	30,000	0.50	62	7,000	0.50
37	66,000	0.50	50	27,000	0.50	63	6,000	0.50
38	63,000	0.50	51	24,000	0.50	64	5,000	0.50
39	60,000	0.50	52	22,000	0.50	65	5,000	0.50
40	57,000	0.50	53	20,000	0.50	66	5,000	0.50
41	54,000	0.50	54	18,000	0.50	67	5,000	0.50
42	51,000	0.50	55	16,000	0.50	68	5,000	0.50
43	48,000	0.50	56	14,000	0.50	69	5,000	0.50
44	45,000	0.50	57	12,500	0.50	70+	not offered	
45	42,000	0.50	58	11,000	0.50			
46	39,000	0.50	59	10,000	0.50			

Fixed Benefit Death Only Insurance

Fixed Benefit Death Only Insurance cover can provide you with a level of cover that will not decrease in value with age. Once you fix your level of cover, it remains the same until you advise us that you want to change it, or you reach age 70. The insurance premiums will increase with your age instead.

Cost of Fixed Benefit Death Only Insurance

Fixed Benefit insurance cover units have a value of \$10,000, with the cost of a unit based on your age. The cost of each \$10,000 unit can be found in the table below.

Fixed Benefit Death Only Insurance Premiums								
Age last birthday	Unit value (\$)	Weekly premium (\$)	Age last birthday	Unit value (\$)	Weekly premium (\$)	Age last birthday	Unit value (\$)	Weekly premium (\$)
34 and younger	10,000	0.07	47	10,000	0.14	60	10,000	0.56
35	10,000	0.07	48	10,000	0.15	61	10,000	0.63
36	10,000	0.07	49	10,000	0.17	62	10,000	0.71
37	10,000	0.08	50	10,000	0.17	63	10,000	0.83
38	10,000	0.08	51	10,000	0.21	64	10,000	1.00
39	10,000	0.08	52	10,000	0.23	65	10,000	1.00
40	10,000	0.09	53	10,000	0.25	66	10,000	1.00
41	10,000	0.09	54	10,000	0.28	67	10,000	1.00
42	10,000	0.10	55	10,000	0.31	68	10,000	1.00
43	10,000	0.10	56	10,000	0.36	69	10,000	1.00
44	10,000	0.11	57	10,000	0.40	70+	not offered	
45	10,000	0.12	58	10,000	0.45			
46	10,000	0.13	59	10,000	0.50			

⁷ Refer to page 2 for information about other members who are provided with Death Only Insurance.

Fixed Insurance (closed to new applications since November 2014)

Members are no longer able to apply for units of Fixed (closed) Insurance cover. However, members who had Fixed Insurance cover as at 13 November 2014 retained their level of cover.

Increasing your Fixed (closed) cover

If you want to increase your level of cover you will need to cancel your Fixed (closed) Insurance and either transfer it to Standard or Fixed Benefit Insurance cover. You cannot have more than one type of Death and TPD Insurance.

Unlike Fixed (closed) Insurance cover, where the cost and the value are fixed, the value of Standard Insurance cover decreases over time, and the premiums of Fixed Benefit Insurance increase over time.

Transferring your Fixed (closed) cover

You can transfer your existing level of Fixed (closed) cover to Standard or Fixed Benefit Insurance at a value that is as close to, but does not exceed, your current level of cover without having to provide medical information. In this situation any existing limitations will continue to apply but new limitations will not be applied.

However, if you want to increase your Standard or Fixed Benefit insurance cover above this amount, you will need to complete the form (see page 8 for which form you need to use) and provide medical information. Limitations may apply to the additional units.

If you transfer your insurance cover from Fixed (closed) to Standard or Fixed Benefit Insurance, you will not be able to transfer back to Fixed (closed) in the future.

Decreasing or cancelling your Fixed (closed) cover

Members with Fixed (closed) Insurance can decrease or cancel their level of cover.

At age 65

Fixed (closed) Insurance ceases for all members at age 65. At this time eligible members will automatically receive default Standard Death and TPD Insurance (usually three units with a total value of \$15,000) to age 70. Alternatively, Fixed (closed) Insurance cover can be transferred to either Standard or Fixed Benefit Insurance prior to turning age 65. Conditions apply. The transferred cover will continue to age 70.

If you want a higher level of Standard or Fixed Benefit insurance cover, you will need to apply. See the Transferring your Fixed (closed) cover section on the left of this page for conditions that apply when you transfer cover.

The cost of Fixed (closed) Insurance cover is shown below and on the following page. Note that:

- The cost depends on your age when you bought the units, and
- The cost of the units does not change from year to year.

Leaving the public sector?

If, within 60 days of ceasing public sector employment [or within 60 days of becoming eligible for a benefit if you are a spouse member (refer to the Spouse Member and Spouse Accounts fact sheet)], you invest in the Flexible Rollover Product and make the required insurance election, you can continue your Death and TPD Insurance on the same terms, conditions and restrictions. Other conditions apply.

Staying with Super SA also means you can access our range of Post Retirement Products when you retire.

For more information, see the Insurance and Leaving the Public Sector fact sheet available from the Super SA website.

**Fixed Death and TPD Insurance – Premiums \$75,000 per unit
CLOSED to new applications since November 2014**

Age unit(s) purchased	Weekly premium (\$)	Age unit(s) purchased	Weekly premium (\$)	Age unit(s) purchased	Weekly premium (\$)	Age unit(s) purchased	Weekly premium (\$)
20 & under	0.80	32	1.40	44	3.10	56	7.10
21	0.85	33	1.50	45	3.30	57	7.70
22	0.85	34	1.60	46	3.50	58	8.40
23	0.90	35	1.70	47	3.70	59	9.20
24	0.95	36	1.80	48	3.90	60	10.10
25	1.00	37	2.00	49	4.10	61	11.00
26	1.05	38	2.10	50	4.40	62	12.00
27	1.10	39	2.30	51	4.70	63	13.00
28	1.15	40	2.40	52	5.10	64	14.10
29	1.20	41	2.60	53	5.50	65+	not offered
30	1.25	42	2.70	54	6.00		
31	1.30	43	2.90	55	6.50		

Fixed Death Only Insurance Premiums – \$75,000 per unit CLOSED to new applications since November 2014

Age unit(s) purchased	Weekly premium (\$)	Age unit(s) purchased	Weekly premium (\$)	Age unit(s) purchased	Weekly premium (\$)	Age unit(s) purchased	Weekly premium (\$)
20 & under	0.55	32	0.95	44	2.00	56	5.00
21	0.55	33	1.00	45	2.00	57	5.50
22	0.55	34	1.10	46	2.20	58	6.00
23	0.55	35	1.10	47	2.40	59	6.50
24	0.60	36	1.20	48	2.60	60	7.00
25	0.60	37	1.30	49	2.80	61	7.50
26	0.65	38	1.40	50	3.00	62	7.50
27	0.70	39	1.50	51	3.00	63	8.00
28	0.75	40	1.60	52	3.50	64	8.00
29	0.80	41	1.70	53	3.50	65+	not offered
30	0.85	42	1.80	54	4.00		
31	0.90	43	1.90	55	4.50		

Cost of Fixed (closed) Insurance cover

This depends on your age when you bought units. For members who already have Fixed (closed) Insurance cover the cost remains the same regardless of age.

Payment of premiums

Insurance premiums are deducted from your account balance. Super SA will advise you of any changes to premiums.

If your account balance is insufficient to pay for your premiums your insurance will be cancelled.

If you are a Super SA Select member who is entitled to insurance in Triple S, the required premiums will be transferred from your Select account balance. If your Select account balance becomes insufficient to cover the cost of the premiums, your insurance premiums will instead be deducted directly from your Triple S account.

Casual employees and insurance

Casual employees working less than nine hours per week, or for periods that average less than nine hours per week over a three month period cannot apply for additional units of cover.

Applying for cover: other information

- If you apply to change your insurance cover at any time, generally your insurance cover will be effective from the date Super SA receives your fully completed application.

Super SA can, however, defer applications for insurance. If this occurs, then the insurance cover will not commence until the cover is accepted. Super SA may also decline the insurance application, which means that the insurance cover was never effective.

- When applying for extra insurance, Super SA may apply limitations to your Death and TPD Insurance or Death Only Insurance due to any medical conditions⁸ or prescribed activities. When you complete the insurance form, you will be asked questions about your health and medical history and you will need to provide details of any medical conditions.

If you do not disclose a previous or existing medical condition and a claim is later made, the insurance entitlement may not be payable.

⁸ A 'medical condition' is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition and impairs normal function.

What form do I need		Download this form from the Super SA website:
I have Standard or Fixed Benefit Insurance and want to:	purchase units of Standard Death and TPD Insurance	Triple S Apply for Death and TPD Insurance
	purchase units of Fixed Benefit Death and TPD Insurance	
	cancel Death and TPD Insurance	Triple S Cancel Death and TPD Insurance
I am a Spouse member and want to:	apply for units of Death Only Insurance	Triple S Apply and Change Spouse Death Insurance
I have Fixed (closed) Insurance and want to:	change to Standard Death and TPD Insurance (increase cover, decrease cover, maintain cover ⁹)	Triple S Change Death and TPD Insurance
	change to Fixed Benefit Death and TPD Insurance (increase cover, decrease cover, maintain level of cover ⁹)	
	decrease level of Fixed (closed) Insurance cover	

Does Super SA use ‘premium loadings’?

Unlike many insurance providers, Super SA does not load or increase premiums for members who have certain medical conditions, undertake certain activities or have different types of jobs. Instead the legislation allows the Super SA Board to place limitations on the insurance cover.

Cancelling or ceasing cover

If you wish to cancel your Death and TPD Insurance the cancellation will be effective the date it is received by Super SA. If you cancel your cover you can apply for insurance again, however you will be required to provide health and medical information and limitations may be applied to your cover.

Conditions under which Death and TPD insurance cover will cease include:

- when your SA public sector employment ends
- for casual employees who work nine or more hours per week, 12 months after the date last worked
- when you reach age 70
- when your account does not have enough funds to sustain premiums
- where you hold interim Death and TPD cover, when your first contribution is paid into you selected non-Super SA fund. This applies to both casual and permanent employees.

Limitations

When applying for cover the Board may place limitations on the Death or TPD Insurance cover it offers you if you have a medical condition¹⁰ or if you engage in a prescribed activity that increases your risk of death or disability.

If you have a limitation on your Death or TPD insurance, you will not be covered if your incapacity for work or death or disability is excluded under the limitation.

See the box (below) for an example of limitations.

When you lodge a claim, Super SA will ascertain if there is a connection between your limitation and the claimed condition and your claim may be declined.

If you have a limitation placed on your Death and TPD insurance and your circumstances change, you can apply to have the limitation removed. You will need to complete a Statutory Declaration and/or provide medical evidence (this will depend on the limitation you are looking to have reviewed). Based on the updated information or medical evidence you provide, your limitation may remain, be varied or be removed.

Example

When David began employment with the SA Public Sector in 2019 he automatically received three units of Death and TPD insurance by default. Because he received them by default, no limitations applied to these units.

In January 2020, he applied for five more units of insurance. His insurance was granted, but as he now disclosed his recently-diagnosed depression, these five units had a limitation for his depression.

If he later becomes TPD solely due to:

- a heart condition, he would be paid out on all eight units.
- his depression, he would only be paid out on the three default units (as his remaining units have a limitation for depression).

Subject to eligibility criteria. This example is for illustrative purposes only.

What if I do not disclose a medical condition on my application form?

When you lodge a claim for insurance, the claim and medical information received is reviewed. If you have additional insurance and there is medical evidence that you participated in a prescribed activity (e.g. smoking) or that a medical condition or symptoms existed before you were granted your insurance that relates to the condition you are claiming for, and this was not disclosed on your application, Super SA has the right to deny your insurance claim.

⁹ Maintain level of cover as close to but not exceeding current value.

¹⁰ A ‘medical condition’ is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition and impairs normal function.

Important

Failing to include relevant information when you apply for insurance cover could mean Super SA has the right to deny your insurance claim.

It is known as non-disclosure and any insurance cover can be denied where non-disclosure occurs.

How to make a claim

To make a claim for TPD Insurance, complete the Claim for Disablement Entitlements form that is part of the TPD Making a Claim Kit. To make a claim for Death Insurance, complete an Application for Payment in Relation to a Deceased Member. Both are available from the Super SA website.

The time taken to assess your claim depends on the conditions you have and the information available.

A claim can take anywhere from a few weeks to several months, particularly if we have to wait for information from medical practitioners. We will keep you informed of the progress and how you may be able to help us if there are any delays outside of Super SA's control.

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.

Eligibility criteria for claiming Total and Permanent Disablement Insurance

- If your employment is terminated you will be taken to be totally and permanently disabled if the Super SA Board is satisfied that, on the day on which your employment terminated:
 - a. you were suffering from ill health (whether physical or mental) that made it unlikely that you would at any future time engage in gainful employment¹¹ for which you were reasonably qualified by education, training or experience or for which you could be expected to become reasonably qualified following appropriate training or rehabilitation; and
 - b. you were receiving treatment from a medical practitioner in respect of the ill health and were following the advice of the practitioner.Other criteria apply.
- If your employment was terminated or you resigned as a result of unsatisfactory performance due to your incapacity, you must have been incapacitated for all kinds of work at the date of termination and for at least six months since terminating employment.

- If your employment was terminated due to the expiry of a fixed term contract, your medical condition must have existed before the expiry of the contract and caused incapacity for all types of work for six months since the expiry of the contract.
- Your employment must be terminated on the grounds of total and permanent disablement before you reach age 70.

TPD benefits may not be approved if you refuse or fail to submit to reasonable medical treatment that would likely assist in your rehabilitation to work.

Important

Any Total and Permanent Disablement benefit will count towards your lifetime untaxed plan cap when the benefit is paid or transferred out of your Triple S account. Amounts transferred from your Triple S account above the untaxed plan cap will be taxed at the top marginal tax rate plus Medicare levy. However, you may receive an invalidity tax concession which would mean that a portion of your benefit may be tax free. If the benefit is being withdrawn due to Terminal Illness the whole benefit may be tax free. See the Triple S Reference Guide for further information about the lifetime untaxed plan cap. You may wish to obtain personal tax advice.

Timeframe to lodge a claim

If you wish to lodge a TPD claim, you must do so within two years of terminating employment.

Terminal Illness

If you have Death and TPD Insurance cover you are covered for Terminal Illness. If you are diagnosed with a terminal illness, you can receive your TPD Insurance entitlement and the balance of your Triple S account without having to terminate your employment.

If you do not have Death and TPD Insurance or your terminal illness commenced after you terminated your employment, you can claim the balance of your Triple S account on the grounds of terminal illness.

Eligibility criteria for claiming Terminal Illness

To receive a Terminal Illness benefit 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 benefit, you will not be entitled to any further Triple S insurance cover, including Death, TPD and Income Protection Insurance.

If you are approved a Terminal Illness benefit the account balance and any insurance benefit will be paid to you tax free.

Approved Terminal Illness benefits are payable if you are terminally ill, whether you have terminated employment or not.

¹¹ 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.

Quick Glossary

Authorised condition: means that Death and TPD Insurance is not payable where incapacity is caused wholly or partly by a 'pre-existing condition' or a 'prescribed activity', or that Death and TPD Insurance is only payable where incapacity arises from accidental causes.

A 'pre-existing condition' includes a pre-existing illness, condition or disability and an illness, condition or disability arising out of that pre-existing illness condition or disability.

A 'prescribed activity' means smoking, chewing or any other use of a tobacco product.

Limitations: is the term Super SA uses for "authorised conditions".

Medical Condition: is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variation of structure and function that impact on or affect the physical and/or mental condition and impairs normal function.

Spouse/putative spouse: in general terms, the person must have been living with the member as the person's de facto spouse at the date of death of the member and:

- lived continuously with the member for a period of three years immediately before the date of death, or
- lived with the member for an aggregate period of three out of four years immediately before the date of death, or
- a child born of whom both partners are the parents.

A person will also be recognised as a putative spouse of the member if in a registered relationship with the member (within the meaning of the *Relationships Register Act 2016*).

Entitlements payable upon death

Triple S has no provision for you to nominate a preferred beneficiary in the event of your death.

You have the option to nominate your legal personal representative (estate) with Super SA. This means that, should you die, your death benefit, including any insurance entitlements, will be paid to your estate and distributed according to your Will. Your legal personal representative is the person appointed as the executor or administrator of your estate.

If you have not nominated a legal personal representative (estate) with Super SA, your death benefit, including any insurance, will be paid to your legal and/or putative spouse. If you don't have a spouse, your entitlement will be paid to your estate and distributed according to your Will.

Further information

The following Product Disclosure Statement (PDS) and fact sheets may be helpful if read in conjunction with the information presented above:

- Income Protection Insurance
- Insurance Restrictions
- Leave Without Pay
- Triple S spouse members and spouse accounts fact sheet
- Insurance and leaving the public sector
- Triple S PDS.

Fact sheets on a range of topics relating to your super are available on the Super SA website and from Super SA. Alternatively, if you have any enquiries regarding fees or any other matters raised in this fact sheet, please contact Super SA.

For more information on Super SA's underwriting process please contact the Claims Management team on **8207 2094** or email medicalsUPER@sa.gov.au.

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

Triple S is an exempt public sector superannuation scheme and is not regulated by the Australian Securities and Investments Commission (ASIC) or the Australian Prudential Regulation Authority (APRA). Super SA is not required to hold an Australian Financial Services Licence to provide general advice about Triple S.

The 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.

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