

Insurance claims guide

Death Insurance

September 2023

IOOF Investment Management Limited (IIML) (ABN 53 006 695 021, AFSL 230524, RSE L0000406) is the trustee of the IOOF Portfolio Service Superannuation Fund (ABN 70 815 369 818) and the issuer of this Guide. IIML is a member of the Insignia Financial group of companies, comprising Insignia Financial Ltd (ABN 49 100 103 722) and its related bodies corporate.



We're here to help during a difficult time

We understand that making a claim can be daunting. That's why we want to help you understand the process.

The aim of this guide is to assist you when making a claim for a Death benefit. Keep in mind, this is a general guide, so some things may vary depending on individual circumstances, the trust deed and any policy.

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The insurance policy

You'll find specific details about the terms and conditions of any insurance arrangement in the **Insurance Guide**.

If you'd like a copy of the **Insurance Guide**, please call us on 1800 517 124.

What's next?

In the following pages of this guide, you'll find claims process information to help you understand what's required to make a claim and what's involved at each step of the claims management process.

Support when you need it most

This Claims Guide will help you understand the death claim process, including how to start a claim as simply and quickly as possible.

Our **Claims Philosophy** is to:

- communicate the process clearly
- treat our claimants, members and their beneficiaries with the utmost respect and empathy at all times
- do everything reasonable to pursue claims with the Insurer that we consider have reasonable prospects of success, and
- make prompt payments.

We adopt a professional, compassionate and positive approach to claims management and actively seek to keep members and beneficiaries at the heart of everything we do. We acknowledge that each claim is unique and must be dealt with on its own merits and we're committed to being easy to deal with and providing outcomes in a timely manner.

Managing your claim

Your claim is unique. That's why we'll take care to assess your personal situation on its own merits. If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the Insurer (if applicable) to find a solution.

You can appoint a representative to act on your behalf during the claims process.

We understand that making a claim can often be a challenging time. Our **Claims Philosophy** sets out our overall approach to managing claims in a respectful and empathic way for each unique claim. Be assured, if you're experiencing any personal or financial difficulties during this time, we'll take that into account in our dealings with you.

Important information and definitions

Role of the Trustee

As the Trustee, we have a duty to act in the best interests of all our beneficiaries. We'll do this by providing a process that aims to help provide support at a time when it is needed most.

Once you've supplied requested information and documents, we'll do everything reasonable to pursue your claim so that it's processed efficiently and fairly.

Role of the Insurer (if applicable)

The role of any Insurer is to provide us with insurance policies that support the insurance arrangements, and to assess, manage and pay claims covered by those policies.

We'll work with the Insurer to make sure that all successful insured claims are paid as quickly as possible.

No Insurance Cover

If the Late Member did not hold any insurance cover as at date of death the Trustee will assess the distribution of the Death Benefit based on the information received as part of the Death claim process in accordance with Trust Deed and Legislation.

Our Claims Process

Our claims process typically has six key steps, and there are roles for us, any Insurer and you.



Step 1: Make a claim

In addition to a super account balance, there may be insurance attached to the account. If you want to make a claim, start by calling us on 1800 517 124 and we'll help you determine the best way to make a claim.

Step 2: We'll ask you some questions

We'll ask you some initial questions to make sure we send you the right claims documents.

If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the Insurer (if applicable) to find a solution.

Remember, it's important to provide complete and correct details in your claims documents. If you've already submitted claims documents that may contain incorrect details, please contact us straight away.

Any information we collect will be handled in accordance with our Privacy Policy which can be found sfg.com.au/portfolio/privacy.

If the deceased member's superannuation account did not have insurance cover, please go to **step 6**.

Step 3: We submit your claim to the Insurer

Within 10 business days of receiving your completed claims documents, we will:

- acknowledge receipt of your claim
- check it contains all required information,
- conduct another assessment of eligibility to claim, and
- give the claim to the insurer or tell you why you cannot make a claim and give you a chance to respond.

If we need more information or we believe you aren't eligible to claim, we'll contact you. When we have all the information needed and we're satisfied you may be eligible to claim, we'll direct your claims documents to the Insurer.

Step 4: The Insurer assesses your claim

When the Insurer receives your claim documents, it will start assessing your claim and appoint a **dedicated claims assessor** to manage your claim. The Insurer may need more information to assess the claim. We will let you know if that's the case.

During the Insurer's assessment of your claim, you will be given a progress update of your claim every 20 business days. Additionally, if you have any queries about your claim, you can contact us throughout the assessment of the claim.

Procedural Fairness

If the Insurer's view of your claim is unfavourable, you'll be issued a Procedural Fairness Letter which includes the following for you to review:

- 1 the information used by the Insurer to assess your claim, and
- 2 the potential barriers to your claim.

You'll be given the opportunity to respond.

Once a response is received by you or a reasonable time to provide a response has elapsed, you will be contacted about the next step of the claim process.

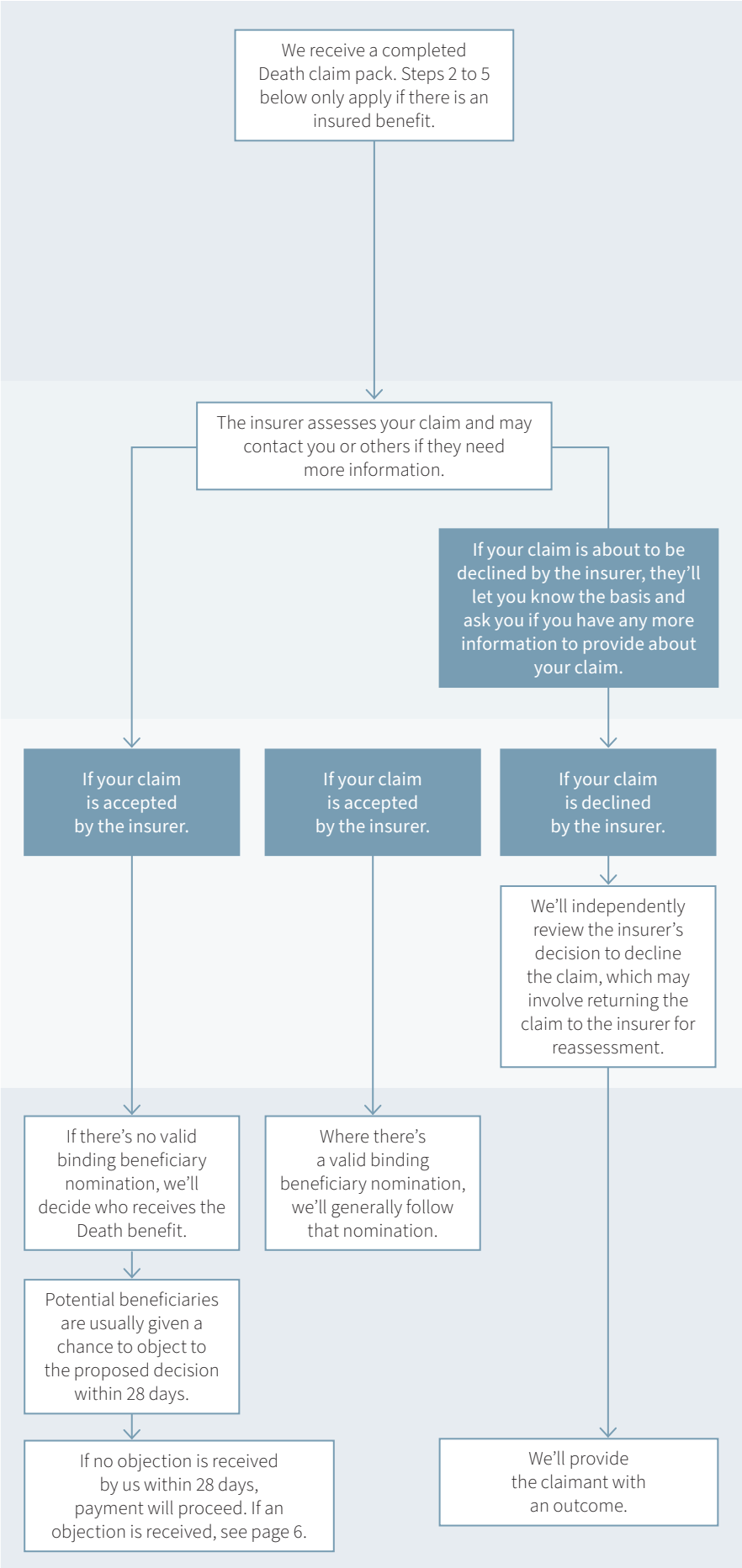
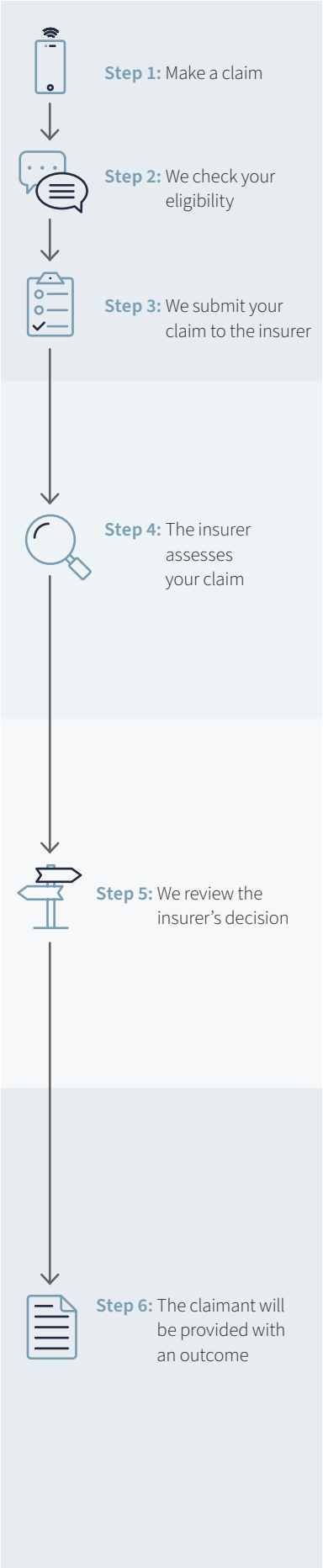
Step 5: We review the Insurer's Decision

Once the Insurer has made a decision about your claim, they will refer the decision to us for review. We may return the claim to the insurer, for example, if we have questions or do not agree with the insurer's decision. If we're satisfied with the Insurer's decision, we'll move to Step 6.

Step 6: You'll be provided with an outcome

We'll notify you of the outcome of your claim in writing and you will be given an opportunity to respond. If we require more time to assess your claim, we will provide you with a progress update of your claim every 20 business days. For details about our proposed and final decisions, see the Frequently Asked Questions below.

Death claims process (if you have Death insurance)



Death insurance FAQ

What documents need to be provided?

The following documents will need to be provided:

- Claim form
- Tax File Number (TFN) Declaration
- Death Certificate
- Certified copy of a Proof of age document for the deceased
- Last Will (if applicable)
- Grant of probate or letters of administration (if applicable)
- Payment Instructions
- Dependency Statutory Declaration (we may provide this to you for completion)
- Certified copy of Executor, Administrator or Beneficiary's Identification

Is there a time limit to claim a death benefit?

There is no time limit for claiming a death benefit (other than the ones discussed below), but we recommend making any claim as soon as practicable.

When won't a benefit be paid?

Except for insurance cover provided under Customised Cover or Default Cover, no insured Death Benefit is payable where a claim arises from suicide (excluding voluntary assisted dying) occurring in the first 13 months after the date that the cover commences or is reinstated after having lapsed for any reason. Other exclusions and limitations may apply.

Please refer to the **Insurance Guide** for more information about when a benefit will not be paid.

What is Limited Cover and when does it apply?

Limited cover means cover only applies if the death arose from a condition where signs and symptoms first arose on or after the commencement date of cover.

Limited cover generally applies to all new members and will cease when they're 'At Work' for either a period of 30 consecutive days or at least 24 months depending on when cover commenced. For more information on this, contact us on 1800 913 118.

Types of nominations

Binding Nomination: If we've accepted a binding beneficiary nomination from a member and that nomination is valid at the date of the member's death, it must generally be followed and the claim will be finalised as soon as practicable.

Non-Binding Nomination: A non-binding nomination states the proportion of the death benefit that the deceased member wanted to be distributed to nominated beneficiaries and/or legal personal representative. This is not binding on us. We decide how to distribute the death benefit, taking into consideration various matter such as the late members preferred beneficiaries, the Trust Deed, relevant law and the personal circumstances of potential beneficiaries at the time of death.

No Nomination: If no nomination was made, we decide how to distribute the death benefit, taking into consideration the Trust Deed, relevant law and other factors, such as the personal circumstances of potential beneficiaries at the time of death.

For more information on how nominations work, please refer to the Product Disclosure Statement at ioof.com.au

The Trustee's proposed decision

For many (but not all) death benefit claims:

- After making reasonable enquiries to identify all potential beneficiaries, we notify all interested parties of our proposed determination in writing.
- This notification will explain that recipients have 28 days from the date of receipt if they want to object to the proposed payment and outline how objections can be made.

If no objection is received within that timeframe, the Trustee will make a determination and pay the benefit.

If an objection is received within the timeframe, the Trustee will give interested parties an opportunity to respond to the objection, and then review all objections and responses.

The Trustee will then either confirm its original decision (Final Decision), or make a different proposed decision. If a new proposed decision is made, the Trustee will notify the interested parties and give them an opportunity to object within 28 days. This cycle may repeat.

After the Trustee considers objections and responses, it will make a Final Decision to affirm a proposed decision. It will then notify all interested parties that any objections to the Final Decision must be lodged as a complaint with the Australian Financial Complaints Authority (AFCA) within 28 days of receiving notification of the Final Decision or taken to Court. Complaints can generally only be lodged with AFCA if you have followed the process outlined above, or if the Trustee unreasonably failed to notify an interested party of the proposed decision.

Who can death benefits be paid to?

Under super law, generally, death benefits can only be paid from a superannuation fund to the deceased's dependant(s), and/or legal personal representative. Payment can only be made to another person if we've made reasonable enquiries and haven't found either a dependant or legal personal representative of the deceased.

A 'dependant' includes:

- The Spouse of the late member. Spouse includes another person (whether of the same sex or a different sex) with whom the member was in a relationship that is registered under a State or Territory law or a person who, whether or not legally married to the member, lived with them on a genuine domestic basis in a relationship as a couple;
- The children of the late member (including an adopted child, a stepchild, or an ex-nuptial child, a child of a spouse, or someone who is considered their child under family law) regardless of their age;
- Any other person who the Trustee believes is or was at the time of the late member's death, financially dependent on the late member;
- Any other person with whom the late member had an 'interdependency relationship' at the time of the late member's death.

What are the payment options if the Death claim is approved?

Approved Death claims can be paid:

- as a lump sum, or
- in limited circumstances – as a pension.

If you want to receive a pension, we recommend that you check the Insurance Guide for eligibility (eg adult children are generally unable to be paid a death claim as a pension).

We recommend that you seek Financial and tax advice.

Resolving complaints

If you have a complaint about your claim please call us on 1800 913 118. If you'd prefer to put your complaint in writing, you can email us at portfolioservice@sfg.com.au or send a letter to GPO Box 264, Melbourne VIC 3001. We'll conduct a review and provide you with a response in writing.

If you're not satisfied with our resolution, or we haven't responded to you in 45 days, you can lodge a complaint with AFCA. AFCA provides an independent financial services complaint resolution process that's free to consumers. You can contact AFCA at any time by writing to GPO Box 3, Melbourne, VIC 3001, at their website (afca.org.au), by email at info@afca.org.au, or by phone on 1800 931 678 (free call).

1800 501 204
sfg.com.au
email: sfginsurance@sfg.com.au

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