

Death Benefit Claim Guide

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qsuper.qld.gov.au

Australian Retirement Trust Pty Ltd ABN 88 010 720 840, AFSL 228975,
Trustee for Australian Retirement Trust ABN 60 905 115 063



Part of Australian Retirement Trust

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Death Benefit Claim Guide

This guide explains the process for claiming a member's super balance, including any insurance, after their death.

We understand, if you are dealing with the loss of a loved one, this may be a difficult time for you and your family. We are here to support you through this process and will handle your claim professionally and promptly. Read more about this process in the Insurance Guide, available on our website.

Claims overview



1. Contact us

A representative of the deceased member will need to advise us the member has passed away. It's important to know that anyone can contact us – it does not need to be a close relative or family member.

The person advising us of the member's passing will need to call our Contact Centre team on **1300 360 750** and tell us:

- The member's name and date of birth
- The date of their death
- If they had a valid Will (if known)
- The notifying person's full name, relationship to the member, postal address and their best contact number
- The name/s of the member's spouse/partner and children – their names, dates of birth and contact details (if known).

We understand you may not know all this information when you first contact us. We'll let you know what else we need throughout the claims process.



2. Death benefit claim process

Once we've been told a member has passed away, our Assessments team will look after the claim from beginning to end. If there is no binding death benefit nomination, and/or reversionary beneficiary, and/or spouse protection option noted on the member's account/s, we will send each person intending to make a claim a letter outlining the next steps and any additional information we might need.



3. Death benefit application

Each person wanting to make a claim will need to fill in 'Part B – Claim Declaration' of the form at the back of this guide and return it to us. If you would like us to send you a hard copy of the form, please call our Member Services team on **1300 360 750**.



4. Claim assessment

We work with the executor or legal personal representative (the person nominated in the deceased person's Will to manage their estate) and/or any dependants throughout the claim process. We may need further information to assess the claim and will request this if required.



5. Claim confirmation

Once a decision has been reached, we will contact all eligible claimants to advise them of our proposed decision and the claim outcome.

What's included in a death benefit?

Death cover pays a benefit if a member dies or suffers from a terminal illness.¹

A death benefit is the amount of money in a member's account, plus, if eligible, the value of any death insurance held at the time of their death.

If the member held **unitised** death cover (this is our default cover), the insurance benefit will be based on the number of units held. The value of these units changes according to age.

If the member held **fixed** death cover, this cover pays an insurance benefit that is a fixed amount nominated by the member.

For more information on death benefits, definitions, limitations, and requirements, please read the Insurance Guide and PDSs. These are available on our website, or call us to request a copy

Lifetime Pension accounts

If the member had a Lifetime Pension and had selected the spouse option, the surviving spouse will continue to receive payments for the rest of their life.

If the member had selected the single option, the death benefit will be the difference between the initial purchase price of the Lifetime Pension and the total of all payments made.

If both the member and their spouse have passed away, the death benefit will be the difference between the initial purchase price of the Lifetime Pension and the total of all payments made.

Any death benefit payable from a Lifetime Pension is subject to the capital access schedule. This defines the maximum payable amount, subject to legislation. For more information, see the Product Disclosure Statement for Income Account and Lifetime Pension.

Defined Benefit account

If the member had a Defined Benefit account and dies before they are age 55, the death benefit payable will be their projected benefit, had they been able to work until age 55. Refer to the Defined Benefit Account Guide for further information.

How is it decided who gets a death benefit?

Superannuation does not automatically form part of a member's estate when they die. Instead, death benefits are paid in accordance with a valid nomination², or if no nomination exists, to an eligible beneficiary.

Binding death benefit nomination

Fund members can make a binding death benefit nomination on their account and this tells us how they want their benefit distributed when they die.

Legislation governs who can be nominated in a binding death benefit nomination and this includes either:

- A legal personal representative (the executor or administrator of the estate) and/or
- One or more eligible dependants.

If you are nominated, but are not a valid beneficiary at the date of death, the entire nomination is invalid and Australian Retirement Trust Pty Ltd (the Trustee) will decide how the deceased member's superannuation is distributed.

You can find more information in the Make a Binding Death Benefit Nomination form available at qsuper.qld.gov.au/forms

Reversionary beneficiary

Income account members can also nominate a reversionary beneficiary. A reversionary beneficiary is a dependant who can either choose to continue to receive regular income payments from the member's income account or withdraw the money as a lump sum.

If the member had an eligible reversionary beneficiary nominated on an Income account, this will take precedence over a valid binding death benefit nomination, on the Income account.

State or Police account

If the member had a State or Police account, we are required to automatically pay certain benefits to a spouse or eligible children. These requirements are part of our governing rules, and they take precedence over an otherwise valid binding death benefit nomination.

Who is an eligible beneficiary?

An eligible beneficiary is:

- A spouse
- A child
- A financial dependant
- Someone in an interdependent relationship
- A legal personal representative (LPR).

Spouse

A spouse includes someone you are legally married to, someone you are in a relationship with that's registered under a law of an Australian state or territory, or someone you are not legally married to but you live with on a genuine domestic basis in a relationship as a couple.

Child

The definition of a child includes any child of the member – including adult children (aged 18 years or older), a stepchild, adopted child, ex-nuptial child, child of the person's spouse, and a child within the meaning of the *Family Law Act 1975*.

Financial dependant

A financial dependant is someone who received regular financial support from the member at the time of the member's death.

¹ For more information on terminal illness, please read our Claiming a Terminal Medical Condition Benefit factsheet at qsuper.qld.gov.au/factsheets

² This doesn't apply to certain benefits paid under State or Police accounts.

Interdependent relationship

An interdependent relationship is defined as a close personal relationship between two people who live together, and one or each of them provides financial and domestic support and personal care for the other.

Someone may also be interdependent if they have a close personal relationship, but don't live together, provide financial support or personal care because of a physical, intellectual, or psychiatric disability.

If you wish to be considered on the grounds of an interdependent relationship you will be asked to provide information to confirm the relationship. Examples of this include, but are not limited to:

- evidence of a mutual commitment to a shared life
- evidence of jointly owned property or shared living costs
- public perception of a close personal relationship
- evidence of an intention that the relationship would remain permanent.

Two people do not have an interdependent relationship if one of them provides domestic support and personal care to the other:

- Under an employment contract or a contract for services
- On behalf of another person or organisation such as a government agency, body corporate, or a benevolent or charitable organisation.

If there is more than one person making a claim, a spouse and children under age 18 will take precedence over adult children who were not financially dependent on the member.

If you were in an interdependent relationship with the member, we will ask you to give us documents and a statutory declaration, to confirm the relationship.

How do I make a death benefit claim?

1. Make a death benefit application

The Death Benefit Application form is at the back of this guide. Anyone who wants to be considered for a death benefit payment will need to complete 'Part B – Claim Declaration' of this form, as it lets us know who intends to claim a death benefit. If you are a nominated beneficiary, please call us on **1300 360 750** and we will send you the Death Benefit Application for Nominated Beneficiaries form to complete.

2. What you need to provide

You will also need to provide us with certified copies of the following documents:

- A death certificate (we will require certified copies of the front and back of this document)
- A Will (if applicable).

If a death benefit is more than \$15,000, we may also ask you for a grant of probate (GOP) or letters of administration (LOA). These documents are a court's official recognition that someone has the authority to look after a person's estate when they die. The GOP is made out to an executor, and if a member does not have a Will, then the LOA can be applied for.



The documentation that is needed for a death benefit claim may be different for each member so we will let you know if anything additional is required, including a GOP or LOA.

How long does it take to make a decision?

We will make a decision as quickly as we can. The process can take longer if:

- There are multiple people eligible to make a claim and we have difficulty locating them
- Claimants don't return their required paperwork quickly
- Objections to the decision are made.

We will update you regularly about the progress of your claim. You will also be able to contact the team member looking after your claim directly if you have questions.

In the event of multiple claims, our proposed decision will be forwarded to all claimants. All claimants will then have 28 days to let us know if they want to object to the decision.

In cases where a claimant objects to our final decision by lodging a complaint with the Australian Financial Complaints Authority (AFCA) within 28 days, no payment will be made until the complaint is finalised or a decision is made by AFCA. AFCA's decision is binding on the Trustee and beneficiaries. If there are no objections, we will pay the death benefit.

Receiving a death benefit

A death benefit can be paid as a lump sum or an income stream if you are an eligible dependant of the deceased.

An eligible dependant includes:

- A spouse
- A child under the age of 18, under 25 and financially dependent, or a disabled child (irrespective of age)
- Someone in an interdependent relationship; or
- A financial dependant.

Receiving a lump sum

If you wish to access your benefit as a lump sum payment, we will require your bank details and TFN (where applicable) and will organise the payment in line with your instructions.

Receiving an income from a death benefit

If you are an eligible beneficiary you may be able to start a QSuper Retirement Income account. This would be subject to a minimum amount of \$30,000, and that you meet the eligibility criteria to open a QSuper account, as outlined in the Product Disclosure Statement for Accumulation Account.

If you are aged between 60 and up to your 80th birthday and retired, you may also purchase a Lifetime Pension if you choose.

For more information about our Retirement Income products, see our Product Disclosure Statement for Income Account and Lifetime Pension (PDS) at

qsuper.qld.gov.au/pds

To open a Retirement Income account or Lifetime Pension using a superannuation death benefit:

If you are already a QSuper member

- Complete the Open a Retirement Income Account and/ or Lifetime Pension form at the back of our Product Disclosure Statement for Income Account and Lifetime Pension.

If you are using death benefit money from QSuper:

- As an eligible beneficiary you can choose to open a QSuper Retirement Income account and/or a Lifetime Pension.

If you are using death benefit money from other super funds:

- When the other fund requests payment instructions, please indicate you would like to rollover the death benefit to QSuper to commence a death benefit income stream.
- You will need to provide the other fund with the following information so they can complete the transfer:
The Fund ABN – **60 905 115 063**
The Fund USI – **60 905 115 063 001**
Your QSuper account number (available on your annual statement or Member Online).

Once we have received your application and all superannuation death benefit amounts, we will open your new Income account and/or Lifetime Pension, and send you a confirmation letter.

If you are not already a QSuper member

To open a QSuper Retirement Income account and/ or a Lifetime Pension you will need to open a QSuper Accumulation account first. The eligibility criteria to open a QSuper Accumulation account is outlined in the Product Disclosure Statement for Accumulation Account.

If you're eligible, complete both forms below and submit to QSuper:

- the Open an Accumulation Account form at the back of our Product Disclosure Statement for Accumulation Account and
- the Open a Retirement Income Account and/or Lifetime Pension form at the back of our Product Disclosure Statement for Income Account and Lifetime Pension.

If you do not meet the criteria to open a QSuper Accumulation account, you may still be able to open a Lifetime Pension with superannuation death benefits received. Contact the QSuper team to find out how.

Will there be tax on the benefit?

The tax on death benefits depends on several factors including:

- The age of the person receiving the benefit
- The age of the deceased member
- Whether the person receiving the benefit is a dependant for tax purposes.

Under taxation law, a death benefit dependant includes:

- The deceased's spouse or former spouse
- A child of the deceased under 18 years old
- A person financially dependent on the deceased
- A person in an interdependent relationship with the deceased.

Please see the following table for further explanation on the tax on super death benefits.

Type of benefit	Age of deceased	Age of beneficiary	Tax treatment – taxed element	Tax treatment – untaxed element
Superannuation lump sum paid to dependant	Any age	Any age	Tax free	Tax free
Superannuation lump sum paid to non-dependant	Any age	Any age	Taxed at a maximum rate of 15% (plus Medicare levy)	Taxed at a maximum rate of 30% (plus Medicare levy)
Superannuation income stream paid to dependant	60 years or older	Any age	Tax free	Taxed at marginal rates with a 10% tax offset
	Any age	60 years or older	Tax free	Taxed at marginal rates with a 10% tax offset
	Under 60 years	Under 60 years	Taxed at marginal rates with a 15% tax offset	Taxed at marginal rates with no tax offset

We will advise you through our claims process on what proportions of your superannuation death benefit are taxed and untaxed. If a lump sum death benefit is sourced wholly or in part from insurance proceeds, it may include an untaxed portion. If it is being paid to a non-dependant, any untaxed elements will be taxed according to the rates in the table above and this will be calculated with the final payment.

We do not deduct tax from lump sum death benefits when they are paid to a legal personal representative (LPR). If you are the LPR, you will need to deduct tax from any amount paid to non-dependant beneficiaries.

A financial adviser may be able to help you decide how to access a death benefit. See our website for more information about advice options qsuper.qld.gov.au/advice

Police and protective service officers

If a member was a police officer, protective service officer, or member of the defence force, and they died in the line of duty, their death benefit is entirely tax-free even if it is paid to a non-dependant.

If the death insurance is not approved

If our Insurer has assessed all the available information for your claim and is recommending declining the death insurance, the Trustee will review their recommendation.

If the Trustee requires extra information or does not agree with our Insurer's recommendation, QSuper will ask the Insurer for a reconsideration.

If the Trustee agrees with the recommendation to decline the insurance, you will be advised of the outcome and provided with a statement explaining the reasons the insurance has not been approved.

Complaints

We understand not everyone will be happy with the decisions we make. For more information about our complaints process visit qsuper.qld.gov.au/contact-us/formal-enquiries-and-complaints.

You can make a complaint in relation to a death benefit claim by contacting us:

Post

The Complaints Manager
PO Box 200
Brisbane QLD 4001

In person

266 George Street, Brisbane
Sunshine Coast University Hospital,
Ground Floor, Main Hospital Building,
6 Doherty Street, Birtinya

Phone 1300 360 750

Email qsuper@qsuper.qld.gov.au

If you are not satisfied with the outcome, you may lodge a complaint with the AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers. AFCA imposes time limits within which to lodge a complaint with them. You can contact AFCA by:

Phone 1800 931 678 (free call)

Mail Australian Financial Complaints Authority
GPO Box 3
Melbourne, VIC 3001

Website afca.org.au

Email info@afca.org.au

We're here to help

If you have any questions about the claim process, please call us on **1300 360 750**, or contact us by email to qsuper@qsuper.qld.gov.au

Death Benefit Application Checklist

How to use this checklist

Please use this checklist to help you complete the necessary sections of this application form and attach the required documents.

Please tick **Yes** or **No** for each question and refer to the areas that apply to you before sending in your application.

Completing the form

Part A – Beneficiary Information

If you are providing us with information about the deceased member and their potential beneficiaries, please complete sections 1 to 7 of Part A – Beneficiary Information.

Yes No

Part B – Claim Declaration

If you are making a claim, you (and all other potential beneficiaries, including all adult children) need to complete sections 1, 2, 3 and 5 of Part B – Claim Declaration.

Yes No

If you were a dependant (including an adult child) of the deceased but you do not intend to make a claim, please complete sections 1, 2, 4 and 5 of Part B – Claim Declaration.

Yes No

Part C – Member's Medical Information

If you are informing us about the member's medical information, complete sections 1 to 5 of Part C – Member's Medical Information.

Yes No

Supporting documentation

If you are applying for a death benefit payment

If you are making a claim, have you attached a certified copy of your identification documents (read the *Proving Your Identity* factsheet for more information)?

Yes No

If a de facto relationship existed, have you provided evidence of the relationship?

Yes No

If you were in an interdependent or financially dependent relationship, have you given relevant proof to support your claim?

Yes No

If you're the legal guardian of a minor child, have you provided proof of guardianship?

Yes No

Have you attached a certified copy of any other change of name document, such as a deed poll?

Yes No N/A

Have you attached a certified copy of adoption documentation?

Yes No N/A

If you're not sure what documentation you need to provide, please call the team member looking after your claim directly, on the contact number provided on the letter sent with this guide.

If you are supplying the member's documentation

Have you attached a certified copy of the front and back of the full death certificate?

Yes No

Have you attached a certified copy of the deceased's birth certificate?

Yes No

Have you attached a certified copy of the deceased's certificate of marriage?

Yes No N/A

Have you attached a certified copy of the deceased's will?

Yes No N/A

Have you attached a certified copy of grant of probate or letters of administration?

Yes No N/A

Certifying your documents

A certified copy is a photocopy of the original document signed by any of the people qualified to witness a statutory declaration.

For more information on people who can certify your documents, please read our Proving Your Identity factsheet available at qsuper.qld.gov.au/factsheets

Once your application is complete and you have attached all relevant documents, please return them to us by:

Post

QSuper
PO Box 200
Brisbane QLD 4001

In person at one of our Member Centres

266 George Street, Brisbane
Sunshine Coast University Hospital,
Ground Floor, Main Hospital Building,
6 Doherty Street, Birtinya

If you do not have any certified documents attached to your application, you can also return your form to us by:

Email MAT@qsuper.qld.gov.au

Fax 1300 242 070

Member Services team

Phone 1300 360 750

Overseas +61 7 3239 1004

Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Email qsuper@qsuper.qld.gov.au

Fax 1300 242 070

Website qsuper.qld.gov.au

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

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Death Benefit Application

Part A – Beneficiary Information

How to use this form

Part A – Beneficiary Information provides us with additional information we may need to know about the deceased member, and their potential beneficiary/s.

Please complete this to the best of your ability and we will request further information if required.

Important information

If you are not sure if you need to fill out this part of the form, please contact us to discuss. You can call your case manager directly on the contact number provided on the letter sent with this guide.

Please see the checklist at the front of the Death Benefit Application form before returning your documentation to us.

Please complete in **BLOCK** letters, using blue or black ink.

1 Deceased member's details

Client number (if known)

Title

First name

Last name

Residential address

State

Postcode

Date of birth (dd/mm/yyyy)

 / /

Date of death (dd/mm/yyyy)

 / /

Member's relationship status at the date of their death:

- Married De facto Interdependent
 Widowed Separated Divorced
 Single

2 Spouse

(See page 5 of the attached guide for further information on eligible dependants)

Is the deceased survived by a spouse?

- Yes No

If **yes**, please complete relevant details below.

Title

First name

Last name

Phone number

Email address

Residential address

State

Postcode

Relationship (e.g. spouse)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?

- Yes No



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If required, please make copies of the previous page to provide details of an additional surviving spouse.


3 Children

(See page 5 of this guide for further information on eligible dependants)

Is the deceased survived by children?

Yes No

If **yes**, please complete relevant details below.

 This includes children and stepchildren 18 years of age and over.

Title First name

Last name

Phone number

Email address

Residential address

 State Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?
 Yes No

Title First name

Last name

Phone number

Email address

Residential address

 State Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?
 Yes No

Title First name

Last name

Phone number

Email address

Residential address

 State Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?
 Yes No

If required, please make copies of this page to provide details of additional surviving children.

4 Financial dependant

(See page 5 of this guide for further information on eligible dependants)

Other than those listed above, were there any other people who were financially dependent on the deceased when they passed away?

Yes No

If **yes**, please complete relevant details below.

Title First name

Last name

Phone number

Email address

Residential address

State Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

If required, please make copies of this page to provide details of additional surviving financially dependent people.

5 Interdependent relationships

(See page 5 of this guide for further information on eligible dependants)

Other than those listed above, were there any other people who were in an interdependent relationship with the deceased when they passed away?

Yes No

If **yes**, please complete relevant details below.

Title First name

Last name

Phone number

Email address

Residential address

State Postcode

Relationship (e.g. child or stepchild)

Age

Relationship length

Was this person financially dependent on the deceased at the time of death?

Yes No

If required, please make copies of this page to provide details of additional interdependent people.

6 Did the member have a Will?

- Yes No

If **yes**, please attach a certified copy of the Will with this application.

7 Has a grant of probate (GOP) or letters of administration (LOA) been made or applied for?

Grant of probate

- Yes, I've attached a certified copy
 Yes, I've applied but haven't received it yet
 No

Letters of administration

- Yes, I've attached a certified copy
 Yes, I've applied but haven't received it yet
 No



We will contact you and let you know if you need to apply for a GOP or LOA. These are only needed in certain circumstances and the application process can be expensive and take a long time.

See page 4 of this guide for further information.

8 Declaration

The information I have given on this form is true and correct to the best of my knowledge.

Full name

In the capacity of (e.g. spouse, child, executor)

Signature

(Please sign in blue or black pen – we do not accept electronic signatures on this form)

Phone number

Email

Date signed (dd/mm/yyyy)

 / /

Member Services team

Phone 1300 360 750

Overseas +61 7 3239 1004

Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Email qsuper@qsuper.qld.gov.au

Fax 1300 242 070

Website qsuper.qld.gov.au

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

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Death Benefit Application

Part B – Claim Declaration

How to use this form

All dependants (including all adult children) of the deceased member need to fill out this part of the form. The information you and other potential beneficiaries provide will help us determine who is entitled to claim.

Each person that would like:

- **To be considered** for a death benefit payment, will need to fill out sections 1, 2, 3 and 5 of this form.
- **Not to be considered** for a death benefit payment and was a dependant of the deceased at the time of their death, will need to fill out sections 1, 2, 4 and 5 of this form.

Important information

We need to let you know that under superannuation legislation, we are required to give details of a proposed death benefit payment to all potential beneficiaries. This means that a person's name and details of their relationship to, or dependency on, the deceased member may be told to other applicants. It may also be given to our legal advisers, and if required, to the Australian Financial Complaints Authority (AFCA).

Please see the checklist at the front of this Death Benefit Application form before returning your documentation to us.

Please complete in **BLOCK** letters, using blue or black ink.

1 Deceased member's details

Client number (if known)

Title First name

Last name

Residential address

State Postcode

Date of birth (dd/mm/yyyy)

 / /

Date of death (dd/mm/yyyy)

 / /

Member's relationship status at the date of their death:

- Married De facto Interdependent
 Widowed Separated Divorced
 Single

2 Your details

Title First name

Last name

Phone number

Email address

Residential address

State Postcode

Your relationship status with the member at the date of their death:

- Married De facto Interdependent
 Separated Divorced Child
 Financial dependent Executor/Administrator

If separated or divorced, how long had you been so at the date of the member's passing?

If separated, were you still financially dependent on the deceased at the date of their passing?

Yes No

If **YES** please supply evidence.

3 Intention to claim a death benefit (optional)

Please complete this section if you are wanting to claim a death benefit (including adult children). Each person wanting to claim a death benefit will need to complete this form.

(See page 5 of this guide for further information on eligible beneficiaries)

I confirm that **I do** want to be considered in the payment of a death benefit and that all details given on this form are true and correct to the best of my knowledge

Were you financially dependent on the deceased when they passed away?

Yes No

Were you in an interdependent relationship with the deceased when they passed away?

Yes No

If you've answered 'yes' to either of the above questions, please provide us with supporting documentation (e.g. proof of paid – medical bills, university fees or child support). Please call your case manager directly on the contact number provided on the letter sent with this guide.

4 Intention not to claim a death benefit (optional)

Please complete this section if you were a dependant (including adult children) of the deceased but you do not want to be considered for a death benefit payment. Each person not wanting to claim a death benefit will need to complete this form.

If you fill out this section, it means we will not contact you any further about this claim, including the way we propose to distribute the death benefit (please read page 4 of the guide attached to this form).

I confirm that **I do not** want to be considered in the payment of a death benefit and that all details given on this form are true and correct to the best of my knowledge.

5 Declaration

If you are completing this form on behalf of a minor, it must be signed on their behalf by their legal guardian.

Name of legal guardian (if applicable)

Signature

(Please sign in blue or black pen – we do not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

 / /

If a solicitor is acting for you, please send us a letter giving them authority to access and provide information on your behalf. Please send us a letter including:

- Your full name, date of birth, contact phone number and contact email or address
- Your solicitor's name, practice name, ABN, phone number and email
- The deceased member's name and date of birth
- Wording to effectively let us know you give this solicitor authority to act on your behalf in this matter.

Please send this to us at MAT@qsuper.qld.gov.au

Member Services team

Phone 1300 360 750

Overseas +61 7 3239 1004

Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Email qsuper@qsuper.qld.gov.au

Fax 1300 242 070

Website qsuper.qld.gov.au

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

This form and all QSuper products are issued by Australian Retirement Trust Pty Ltd (ABN 88 010 720 840, AFSL 228975) (Trustee) as trustee for Australian Retirement Trust (ABN 60 905 115 063) (Fund). Any reference to "QSuper" is a reference to the Government Division of the Fund. This is general information only, so it does not take into account your personal objectives, financial situation, or needs. Before acquiring or continuing to hold any financial product, you should consider whether the product is right for you by reading the relevant product disclosure statement (PDS). The PDS and Target Market Determination (TMD) for QSuper products are available at qsuper.qld.gov.au/pds or call us on 1300 360 750 to request a copy. Where necessary, consider seeking professional advice tailored to your individual circumstances.

QCJUL23-62. IB27. 07/23.

Death Benefit Application

Part C – Member's Medical Information

How to use this form

Part C – Member's Medical Information provides us with additional information we may need to know about the deceased member's medical information.

Please complete this to the best of your ability and we will request further information if required.

Important information

Please see the checklist at the front of the Death Benefit Application form before returning your documentation to us.

Please complete in **BLOCK** letters, using blue or black ink.

1 Doctor/specialist's details

Please give us details of the deceased member's usual doctor or specialist.

Name

Practice

Practice address

State

Postcode

Practice phone number

Please give us details of the doctor/specialist who was treating the member at the time of their death if different from the above.

Name

Practice

Practice address

State

Postcode

Practice phone number

If known, please give us the names and details of any other general practitioners (GP) the member consulted in the past five years.

Name

Practice

Practice address

State

Postcode

Practice phone number

If known, please give us the details of any other specialists the member had previously consulted.

Name

Practice

Practice address

State

Postcode

Practice phone number

If required, please attach additional details of other medical practitioners the member consulted in the past five years on a separate piece of paper.

If known, please give us details of the member's last employer.

Name of employer

Contact name

Phone number

Date employment ended (dd/mm/yyyy)

 / /

If a solicitor is acting for you, please send us a letter giving them authority to access and provide information on your behalf.

Please send us a letter including:

- Your full name, date of birth, contact phone number and contact email or address
- Your solicitor's name, practice name, ABN, phone number and email
- The deceased member's name and date of birth
- Wording to effectively let us know you give this solicitor authority to act on your behalf in this matter.

Please send this to us at
insuranceclaims@qsuper.qld.gov.au

2 Authority to access and release medical details

I agree to the following:

Medical authority

- I give permission for any dentist, hospital, doctor or other person who consulted the member to release to the Trustee or its insurer, all information relating to any sickness or injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records.

Health Insurance Commission authority

- I give permission and ask that the Health Insurance Commission provide to Australian Retirement Trust Pty Ltd the member's full Medicare history dating from 1984 until the present time. I acknowledge and understand that Australian Retirement Trust Pty Ltd and its insurer will be given the member's complete Medicare history, parts of which may not be relevant to this claim.

Information authority

- I give permission for any insurer, accountant or institution to release to Australian Retirement Trust Pty Ltd or its insurer, all information which Australian Retirement Trust request for the purpose of assessing or investigating my claim.
- I agree that a photocopy (or similar copy) of this authorisation will be as effective and valid as the original.
- I agree to the personal information of the member (including health and sensitive information) being collected, used or disclosed by Australian Retirement Trust Pty Ltd or its insurer as explained in this form. I understand this may include collecting it from or giving it to any medical practitioner or third party as required to assess or investigate this claim. This permission applies to any health and sensitive information Australian Retirement Trust Pty Ltd collects on this form in relation to this insurance.

Full name

In the capacity of (e.g. spouse, child, executor)

Signature

(Please sign in blue or black pen – we do not accept electronic signatures on this form)

Phone number

Email

Date signed (dd/mm/yyyy)

 / /

Member Services team

Phone 1300 360 750

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Part of Australian Retirement Trust

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