Permanent Disability Benefit Guide

Including claim forms

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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

QSuper
Part of Australian Retirement Trust

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Your total and permanent disability (TPD) cover

TPD cover pays you a lump sum if you are unlikely to ever be able to work again after meeting the definition of total and permanent disablement.

If you hold **unitised TPD** cover (this is our default cover), your benefit will be based on the number of units you hold. The value of these units changes according to your age.

If you hold **fixed TPD** cover, this cover pays you a total benefit that is a fixed amount nominated by you.

Accessing your superannuation

If you have an injury or illness that permanently prevents you from working, you may be able to access your superannuation early. This amount may include any total and permanent disability insurance cover that you hold. Please read this guide for information on the eligibility requirements, and how to make a claim.

Your TPD claim

We are passionate about helping our members during their time of need, and partnering with them throughout the claims process to get the best outcomes for everyone involved.

When am I eligible?

If you have suffered an illness or injury that permanently prevents you from working, you may be eligible for a TPD benefit.

Accumulation account members

For more information on Accumulation account insurance definitions, limitations, and requirements, please read our Insurance Guide, available at **qsuper.qld.gov.au/pds** or call us and we can send you a copy.

Defined Benefit members

For more information on Defined Benefit account insurance eligibility, please read our Defined Benefit Account Guide, available at **qsuper.qld.gov.au/guides** or call us and we can send you a copy.

How to make a TPD claim

To apply for a TPD benefit, you need to provide information about your condition and occupation. This will enable us to assess your claim efficiently and accurately.

Please make sure you have submitted these two completed total and permanent disability benefit claim forms:

A Total and Permanent Disability (TPD) Benefit Claim (Part A) - Member's Statement, and

C Total and Permanent Disability (TPD) Benefit Claim (Part C) - Doctor's Statement

Depending on your employment we may also request the following form on your behalf:

B Total and Permanent Disability (TPD) Benefit Claim (Part B) - Employer's Statement

Please also attach copies of any relevant medical documents on your condition to your claim forms, such as doctor's reports and test results.

Please note that you will need to cover any costs charged by your doctor to complete the Total and Permanent Disability (TPD) Benefit Claim (Part C) - Doctor's Statement form.

Once the forms are complete and you have attached any relevant documents, please return them to us by:

- **Email:** insuranceclaims@qsuper.qld.gov.au
- **Post:**

  QSuper
  Insurance Operations
  GPO Box 200
  Brisbane QLD 4001
- **Fax:** 07 3239 1139

If you need any help when completing the forms, please call us on **1300 360 750**.

Overview of the claims process

Here's a quick rundown of how the claims process works:

1 We receive your total and permanent disability benefit claim

Please make sure you have submitted these two completed total and permanent disability benefit claim forms:

- **A** Total and Permanent Disability (TPD) Benefit Claim (Part A) - Member's Statement, and
- **C** Total and Permanent Disability (TPD) Benefit Claim (Part C) - Doctor's Statement

Depending on your employment we may also request the following form on your behalf:

- **B** Total and Permanent Disability (TPD) Benefit Claim (Part B) - Employer's Statement

2 We assess your claim

Our aim is to assess your claim as quickly as possible. Once we receive all the necessary paperwork, we will allocate a dedicated claims manager who will contact you within 5 business days.

Your claim will be assessed against the terms and conditions applicable to the insurance you held at your date of disablement. This may include:

- Any exclusions or limitations
- Any pre-existing conditions.

Assessment timeframe

We aim to make a decision on all TPD claims within 6 months. If we are unable to make a decision on your claim within this timeframe, we will write to you to explain why.

Additional information

If we need further medical information, we will request a medical report (note this is separate to the Total and Permanent Disability (TPD) Benefit Claim (Part C) – Doctor's Statement of your initial claim). This includes reports from an independent medical examination. We will cover any costs to obtain this additional medical information.

Your claim is approved

If your TPD claim is approved, you have a number of options for your benefit:

Accumulation account holders

Your insured benefit will be added to your Accumulation account balance and your benefit will be invested the same way your current account is invested. You can check your current investment options by logging in to Member Online at **memberonline.qsuper.qld.gov.au** and selecting 'Investments' then 'Your investments', or by calling us.

You can then choose one or any combination of the following:

- Keep your Accumulation account and make lump sum withdrawals from your super when you need to.
- Open an Income account, which enables you to receive a regular income stream and make lump sum withdrawals as needed. See the Product Disclosure Statement for Income Account and Lifetime Pension for more information.
- If you are aged 60 or over, you can also open a Lifetime Pension. See the Product Disclosure Statement for Income Account and Lifetime Pension for more information.
- Withdraw your benefit as cash.

If you don't have an Accumulation account

If you don't have an Accumulation account when your claim is approved you will need to open an Accumulation account. Once opened, we will pay your insurance benefit into this account.

Defined Benefit account holders

55 years of age and older

If you are 55 or older, your benefit will be transferred to an Accumulation account once you have ceased employment. You can then choose one or a combination of the options listed above for Accumulation account holders.

Under 55 years of age

You will have three months from the time you are assessed as being 'totally and permanently disabled', to tell us if you want your benefit transferred as a lump sum to an Accumulation account, or receive a defined benefit pension.

(Continued over)

Your claim is approved (cont.)

If we don't receive your instructions within three months, we will transfer your benefit to an Accumulation account.

Please read our Defined Benefit Account Guide for further information about your options.

If you have any questions regarding your benefit, please call us on **1300 360 750**.

State and Police account holders

If you have a State or Police account, please read our State Account Guide or Police Account Guide available at **qsuper.qld.gov.au/guides**

Advice options

There may be financial or tax implications you should consider when accessing your benefit. Advice from a licensed professional, such as a financial adviser, may be helpful to decide the best option for you when it comes to your superannuation benefits. See our website for more information about advice options **qsuper.qld.gov.au/advice**

Your claim is not approved

Once our insurer has assessed all the available information about your claim, Australian Retirement Trust Pty Ltd (Trustee) will review the decision.

- If the Trustee requires extra information or does not agree with our Insurer's decision, your claim will be sent back to your claims manager for reconsideration.
- If the Trustee agrees with the decision to decline your claim, your claims manager will advise you of the outcome and provide you with a statement explaining the reasons your claim has not been approved.

(Continued over)

Your claim is not approved (cont.)

What happens next

You will receive a statement from us which includes:

- The reason for our decision
- Copies of the documents and information we have used to make our decision
- The appeals process.

Accessing your superannuation

If your claim is not approved but you have been approved to access your superannuation balance, you might not be able to claim a TPD insurance benefit in the future for the condition of this claim. Please review your insurance or consider getting advice to determine whether it is appropriate for your circumstances.

What if I am not happy with the decision?

We understand not everyone will be happy with the decisions made about their claims. If you wish to lodge an appeal for review by Australian Retirement Trust, please contact us:

Mail Quality and Compliance, Operations QSuper GPO Box 200, Brisbane QLD 4001

Phone 1300 360 750

Email qsuper@qsuper.qld.gov.au

In person 266 George Street, Brisbane

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

You will need to cover any costs to obtain medical reports to support your appeal.

If you are still not satisfied with the review decision, you can lodge a complaint with the Australian Financial Complaints Authority (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 should act promptly or otherwise consult the AFCA website (afca.org.au) to find out if or when the time limit relevant to your circumstances expires. Please contact AFCA directly on **1800 931 678** (free call) or by email: **info@afca.org.au** or in writing to Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001 to ascertain your eligibility to lodge a complaint. You can also visit the AFCA website at **afca.org.au** for further information.

FAQs about the TPD claims process

What if I am receiving an income protection benefit?

An income protection benefit is payable if you're temporarily unable to work due to an illness or injury. If you become permanently disabled, your income protection benefit eligibility may change, depending on your insurance cover. Your claims manager will discuss this with you.

What if I have a terminal illness or medical condition?

To access your super, you must be able to meet the definition of terminal medical condition. This is outlined in the Claiming a Terminal Medical Condition Benefit factsheet.

If you hold Accumulation account death cover, a terminal illness for insurance purposes is when your illness or injury is likely to result in death within a period of not more than 24 months. This prognosis will take into account reasonable medical treatment.

What if I do not have any death cover?

Please read our Claiming a Terminal Medical Condition Benefit factsheet for more information regarding your options available at **qsuper.qld.gov.au/factsheets**

Where can I find more information?

For more information on terminal illness and medical condition definitions, limitations, and requirements, please read our Insurance Guide, Defined Benefit Guide or the Product Disclosure Statement for Income Account and Lifetime Pension available on our website or call us to request a copy.

State and Police accounts

If you have a State or Police account and you are diagnosed with a terminal illness, please call us on **1300 360 750** for information about your options.

How do I know what cover I have?

You can check how much insurance cover you have by:

- Logging in to Member Online at **memberonline.qsuper.qld.gov.au** and selecting 'Insurance' then 'Your Insurance'
- Calling us on **1300 360 750**.

Please remember that your insurance benefit is calculated at your date of disablement.

Keeping your Accumulation account insurance

It is important to make sure your current Accumulation account insurance cover does not lapse and cancel while we are assessing your claim. Your cover will be cancelled if we do not receive any money into your Accumulation account for 13 continuous months.[1]

You can prevent this from happening by permanently opting in to cover or by having money added to your account.

You can permanently opt in to your insurance cover by logging in to Member Online at **qsuper.qld.gov.au/optin** and selecting 'I want to permanently opt in to cover'.

If you would like some help reviewing or changing your cover, please call us on **1300 360 750**.

Claims checklist

- Make sure you read this Permanent Disability Benefit Guide before you complete the attached forms.
- For members with an Accumulation account, please read the Insurance Guide.
- For members with a Defined Benefit account, please read the Defined Benefit Account Guide.
- It's important the forms are completed in full (including being signed and dated) before they are sent to us, or your claim could be delayed. Please attach any necessary documents that support your claim when sending us your forms.

We suggest keeping copies of your completed claim form and this guide somewhere easily accessible in case you need to refer to them.

We value your security and recommend that you do not keep copies of sensitive information in your email account or cloud storage service (e.g. Dropbox, or Google Drive), to protect yourself if your account or password are ever hacked.

If you require any assistance or have any questions about making a claim or completing the forms, please call us on 1300 360 750.

1 There are various circumstances when cover will end. See the Insurance Guide available at qsuper.qld.gov.au/pds

Total and Permanent Disability (TPD) Benefit Claim

(Part A) – Member's Statement

Please review this application carefully and supply all available information so that we can assess your claim as quickly as possible. To apply for a TPD benefit, you need to provide us with information about your condition and occupation. We know the application process for a TPD benefit can seem overwhelming and we are here to help you. If you have any questions when completing this form, please call us on **1300 360 750**.

Please ensure you have answered all questions and signed and dated the form before you send it to us.

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

1 Personal information

Client number

You can find your client number on your annual statement, recent communications from us, or Member Online at **memberonline.qsuper.qld.gov.au**

Title

First name/s

Last name

Previous name[1] (if we know you by another name)

Date of birth (dd/mm/yyyy)

/ /

Home phone number

Mobile phone number

Email address

Residential address

State Postcode

Postal address ☐ As above

State Postcode

Preferred method of contact

☐ **Personal email** (please provide below)

☐ Home phone number ☐ Mobile phone number

1 If your name has changed and you work for the Queensland Government or a default employer, let your payroll office know and they will let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.

2 Medical information

Please attach copies of any medical evidence you already have on your illness or injury, and any other relevant information.

Name of your illness or injury
(please provide a detailed description)

What was the cause of your illness or injury?

When did you first see a doctor about your illness or injury? (dd/mm/yyyy)

/ /

When did you first start to experience signs or symptoms? (dd/mm/yyyy)

/ /

When was your illness first diagnosed or when did your injury occur? (dd/mm/yyyy)

/ /

When did you stop working because of your illness or injury? (dd/mm/yyyy)

/ /

Have you suffered from a similar illness or injury previously?

◯ Yes ◯ No

If **yes**, please provide details and dates

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3 Treatment information

Are you receiving, or are you willing to receive, appropriate medical care recommended by your treating medical practitioners?

◯ Yes ◯ No (go to question 4)

If **yes**:

What treatment are you currently receiving?

When did you start your treatment?

Date (dd/mm/yyyy)

/ /

Frequency (e.g. daily, weekly, monthly)

Please provide your treating doctor's details below.

Doctor's name

Doctor's phone number

Doctor's email address

Doctor's speciality (e.g. cardiovascular, neurology)

Date first contacted (dd/mm/yyyy)

/ /

Date last contacted (dd/mm/yyyy)

/ /

Please provide any specialists or other treatment provider's details below.

Name

Phone number

Email address

Speciality

Date first contacted (dd/mm/yyyy)

/ /

Date last contacted (dd/mm/yyyy)

/ /

If you have consulted other doctors, specialists or health professionals about your illness or injury, please provide their details separately, and attach it to your application form.

4 Employment information

Please attach a resume or a list of your previous jobs, including the position you held, your employer, the start and end dates (approximate), duties and responsibilities, for the past 10 years.

Employment status:

◯ Full time ◯ Part-time

◯ Casual ◯ Self-employed

◯ Other (including unemployment)

If **other** or **unemployed**, please provide details.

Name of your most recent employer

District/region

Payroll number

Your position/job title

Please describe your job in detail, including all of your duties and responsibilities, and attach a position description if possible. If your role involves manual handling duties (lifting, carrying, pushing, pulling) please provide details of these specific duties.

Are you still employed?

◯ Yes ◯ No

If **no**, did you terminate your employment due to any illness or injury?

◯ Yes ◯ No

Please provide the exact date of termination (dd/mm/yyyy)

/ /

Employer

Do you plan to return to work?

◯ Yes ◯ No

If **no**, please provide details.

Have you been able to work in any job, full-time, part-time, paid or unpaid, since your illness or injury?

◯ Yes ◯ No

If **yes**, please provide details.

Have you ceased all work and been certified in writing by a medical practitioner as unable to work due to your injury or illness?

◯ Yes ◯ No

If **yes**, who provided certification and on what date did this occur?

Name of certifier

Date (dd/mm/yyyy)

/ /

Please provide a copy of this certification.

Please outline your educational qualifications, degrees and certificates that you hold. Please include the year they were achieved.

Secondary school (i.e. year 10, year 12)

Year achieved (dd/mm/yyyy)

/ /

Tertiary (University, technical college)

Year achieved (dd/mm/yyyy)

/ /

TAFE

Year achieved (dd/mm/yyyy)

/ /

Other

Year achieved (dd/mm/yyyy)

/ /

5 Other benefits and entitlements

Have you claimed a permanent disability, terminal illness or similar benefit in the past?

◯ Yes ◯ No

If **yes**:

Insurance company or superannuation fund name

Was your claim accepted?

◯ Yes ◯ No

Claim or member number

Date claim submitted (dd/mm/yyyy)

/ /

Amount of benefit

$

Have you claimed, or do you plan to claim, other insurance for this or another illness or injury?

◯ Yes ◯ No

If **yes**:

Insurance company or superannuation fund name

Was your claim accepted?

◯ Yes ◯ No

Claim or member number

Date claim submitted (dd/mm/yyyy)

/ /

Amount of benefit

$

Have you claimed, or do you plan to claim, a benefit from WorkCover (workers' compensation)?

◯ Yes ◯ No

If **yes**:

Was your claim accepted?

◯ Yes ◯ No

Start date (dd/mm/yyyy)

/ /

End date (dd/mm/yyyy)

/ /

WorkCover claim number

Have you claimed, or do you plan to claim, Services Australia entitlements? (e.g. Centrelink, Department of Veterans' Affairs etc.)

◯ Yes ◯ No

If **yes**:

Start date (dd/mm/yyyy)

/ /

End date (dd/mm/yyyy)

/ /

Details

Other (please specify)

Provide details of any other sources of income, including motor accident compensation, statutory payments, or other government payments.

Start date (dd/mm/yyyy)

/ /

End date (dd/mm/yyyy)

/ /

Details (including details of any regular or lump sum payments you receive/d)

Please provide evidence of approvals or confirmation documents from Centrelink, Department of Veterans' Affairs, any other insurer, or superannuation fund, to support your application.

6 Activities

Please indicate your capacity to do the following activities:

Activity	Able	Unable
Dress yourself (e.g. putting on and taking off clothes)	◯	◯
Bathe yourself (e.g. washing and showering)	◯	◯
Toileting (e.g. using the toilet, including getting on and off)	◯	◯
Mobility (e.g. walking, getting in and out of a chair or bed)	◯	◯
Can you feed yourself? (e.g. getting food from a plate to your mouth)	◯	◯
Housework (e.g. cooking and cleaning)	◯	◯
Are you able to drive?	◯	◯

If you are unable to do any of the above, please provide additional comments on any capacity restrictions:

7 Financial representative

☐ I would like to give Australian Retirement Trust the authority to release information about my claim to a financial representative (including financial adviser, solicitor, accountant, or tax adviser), and have attached a completed Disclosure Authority form available at **qsuper.qld.gov.au/forms**

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, **QInsure**,[2] collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/ Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

2 QInsure Limited (ABN 79 607 345 853, AFSL 483057) (`QInsure') is a registered life insurance company and is ultimately owned by Australian Retirement Trust Pty Ltd as trustee for Australian Retirement Trust.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **QInsure**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **QInsure** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **QInsure** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **QInsure** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

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

Date signed (dd/mm/yyyy)

/ /

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/ Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **QInsure**, or to third parties they engage, only if **QInsure** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **QInsure** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **QInsure** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

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

Date signed (dd/mm/yyyy)

/ /

Your Privacy

Information collected on this form and in connection with your claim is collected by Australian Retirement Trust Pty Ltd as trustee for the Fund and QInsure Limited (QInsure), our registered life insurance company. This information may be shared with other entities that are ultimately owned by Australian Retirement Trust Pty Ltd when it is necessary.

We take protecting your privacy seriously. We are collecting your personal and sensitive information in order to assess or manage your claim, and administer insurance benefits if approved.

Without this information and information we may collect, with your consent, from third parties such as medical and wellbeing professionals, and your employer, we may be unable to appropriately assess or manage your claim or provide you with benefits to which you may be entitled. We may share your personal information with third parties if we need to, if you have provided consent, or if we are required to by law. Some third parties may be located overseas. More information about how we may use or disclose your personal information or how individuals can access or correct their information, is set out in our Privacy Policy, available from **qsuper.qld.gov.au/privacy**.

Declaration and authorisation

- I confirm that I am the member named on this form or I have power of attorney to act on the member's behalf and that the information given on this form is true and correct.
- I understand that my insurance will be cancelled if Australian Retirement Trust does not receive any money into my Accumulation account for 13 continuous months and I have not permanently opted in to cover.
- I understand and agree that I have an obligation to do all things reasonably necessary to assist QInsure to assess my claim and to investigate any matter in connection with my claim (for example, providing medical information and undertaking medical examinations or occupational assessments where requested). I understand that if I do not do all things reasonably necessary to assist with the assessment or investigation, Australian Retirement Trust or QInsure may not be able to assess my claim.
- If a terminal illness benefit is paid, I understand that if I have any Lifetime Pensions with a remaining money-back protection benefit, they will be closed and cannot be reopened, and I will no longer receive any Lifetime Pension payments.
- I understand and agree that a photocopy of this document (including this Declaration and Authorisation) is considered as valid as the original.
- I have read the Product Disclosure Statement for Income Account and Lifetime Pension (PDS), the Product Disclosure Statement for Accumulation Account (PDS), the Insurance Guide, and the Defined Benefit Guide (if applicable).
- I consent to Australian Retirement Trust and QInsure and their service providers collecting my personal, financial and medical information for the purpose of assessing and managing my claim or confirming the information provided when I applied for cover. This information may be collected from the individuals and organisations listed below:
  - My employer
  - My accountant
  - Workers' compensation insurer
  - CTP insurer, other insurers, and other superannuation funds
  - Federal and State Government agencies including Services Australia (e.g. Centrelink, Department of Veterans' Affairs, etc.) and the Australian Taxation Office (ATO)
  - Medical professionals including my doctors, specialists
  - Rehabilitation, allied health, and return-to-work professionals appointed by me, my employer, other insurers, or my lawyer.
- I consent to Australian Retirement Trust and QInsure and their service providers disclosing my personal, financial and medical information for the purpose of assessing and managing my claim or confirming the information provided when I applied for cover. This information may be disclosed to the individuals and organisations listed below:
  - My employer
  - Other service providers, advisers and assessors appointed by Australian Retirement Trust or QInsure to carry out functions to assist in managing my claim
  - Medical professionals including my doctors, specialists
  - Rehabilitation, allied health, and return-to-work professionals appointed by me, other insurers, or my lawyer.
- I understand and agree that in addition to the above, my personal, financial and medical information may be shared between entities that are ultimately owned by Australian Retirement when necessary (including to enable Australian Retirement Trust or QInsure to respond to requests for information).
- I understand that more information about how Australian Retirement Trust and QInsure may use or disclose my personal information, financial information and medical information, is set out in the Privacy Policy available from **qsuper.qld.gov.au/misc/privacy**

Name

Signature

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

Date signed (dd/mm/yyyy)

/ /

If you are signing this form under a power of attorney (POA) and you have not already given us a certified copy of your POA documentation, please attach it to this form.

Where to send the completed form

Once you have completed this form and attached any necessary documents, please return to us immediately by:

- Email: **insuranceclaims@qsuper.qld.gov.au**
- Post:
  QSuper
  Insurance Operations
  GPO Box 200
  Brisbane QLD 4001
- Fax: **07 3239 1139**
- 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

The information you have provided will be used to assess your claim. You should keep a copy of your completed form and this guide, as you may want to refer to it in the future.

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

QCJUL23-187. IB28. 07/23.

Total and Permanent Disability (TPD) Benefit Claim

(Part B) – Employer's Statement

Only complete this section if you are NOT a Queensland Government employee.

Your employee is making a claim for a total and permanent disability benefit. This section of the claim form needs to be completed by your Human Resources (HR) or payroll office staff. Please ensure you have answered all questions before you send it to us.

1 Employee information

Title

First name/s

Last name

Date of birth (dd/mm/yyyy)

/ /

Payroll number

Position/job title

Place of employment and region

2 Employment information

Please supply a position description for your employee's usual role.

Does your employee work:

- ◯ Full-time
- ◯ Part-time
  - Part-time fortnightly ratio
- ◯ Casual
- ◯ Contractor
  - Contract end date (dd/mm/yyyy)

/ /

When did your employee last attend work? (dd/mm/yyyy)

/ /

What date did your employee commence with the company? (dd/mm/yyyy)

/ /

Are they still employed with the company?

◯ Yes ◯ No

If **no**, what date was their employment terminated? (dd/mm/yyyy)

/ /

What is the reason they were terminated?

Prior to going on leave, did your employee work in a reduced capacity?

◯ Yes ◯ No

If **yes**, please provide details:

3 Additional comments

Please supply any information that clarifies or supports this Employer's Statement.

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4 Employer information

Name of employer

Full name of authorised officer

Position held

Phone number

Email address (not generic email address)

Date statement completed (dd/mm/yyyy)

/ /

Additional information about this form

You will need to complete this Employer's Statement on request for any employee who is claiming a TPD benefit through Australian Retirement Trust.

Please ensure you complete all the sections in the Employer's Statement before returning to us promptly. This will help us to progress the assessment of your employee's claim as quickly as possible.

If your employee's situation changes, it is important you let us know straight away. This includes changing the type of leave they take, if they start working again, or their employment is terminated. Please call us on **1300 360 750** or email us at **insuranceclaims@qsuper.qld.gov.au** to inform us of any changes.

Where to send the completed form

Once you have completed this form and attached any necessary documents, please return to us immediately by:

- Email: **insuranceclaims@qsuper.qld.gov.au**
- Post:
  QSuper
  Insurance Operations
  GPO Box 200
  Brisbane QLD 4001
- Fax: **07 3239 1139**

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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Total and Permanent Disability (TPD) Benefit Claim

(Part C) – Doctor's Statement

Your patient is making a claim for a TPD benefit. This section of the claim form needs to be completed by their treating doctor. We will use this information as part of the assessment of your patient's eligibility for a permanent disability benefit.

Note that your patient will need to cover any costs your practice charges to complete this form.

If you have any questions when completing this form, please call us on **1300 360 750**. Please ensure you have answered all questions and signed and dated the form before you send it to us.

Make sure you complete this form in full, so that your patient's claim is not delayed.

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

1 Patient information

Title

First name/s

Last name

Date of birth (dd/mm/yyyy)

/ /

2 Treating doctor information

Please provide your details below.

Name

Speciality (e.g. cardiovascular)

Practice name

Phone number

Email address

Postal address

State Postcode

Are you this patient's usual doctor?

○ Yes

If **yes**, what date did you first begin treating this patient? (dd/mm/yyyy)

/ /

When was the patient's last appointment with you? (dd/mm/yyyy)

/ /

○ No

If **no**, please provide details of the patient's usual doctor.

Name

Speciality (e.g. cardiovascular)

Practice name

Phone number

Email address

Postal address

State Postcode

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3 Medical information

Based on your objective clinical findings, please confirm the patient's diagnosis.

Please describe your objective findings that support the diagnosis. (e.g. If the condition is a mental illness, provide criteria as per DSM-V; if condition is musculoskeletal, provide ROM and strength test results.)

Please outline the patient's symptoms relating to this condition.

When did the patient's symptoms for this condition first occur? (dd/mm/yyyy)

/ /

Has the patient ever experienced these symptoms, or similar symptoms, previously?

◯ Yes ◯ No

If **yes**, from when? (dd/mm/yyyy)

/ /

Please provide details:

Does the patient have an additional diagnosis?

◯ Yes ◯ No

If **yes**, please describe:

Please describe your objective findings that support the diagnosis.

What are the additional symptoms?

When did the patient's symptoms for this condition first occur? (dd/mm/yyyy)

/ /

Has the patient ever experienced these symptoms, or similar symptoms, previously?

◯ Yes ◯ No

If **yes**, from when? (dd/mm/yyyy)

/ /

Please provide details:

4 Treatment information

What active treatment (e.g. physiotherapy, surgery, counselling or medication) has the patient received from you and other practitioners since their illness or injury was diagnosed?

Nature of treatment

Date referred (dd/mm/yyyy)

/ /

Frequency of treatment

Effectiveness of treatment

Medication name

Dosage and frequency

Date prescribed (dd/mm/yyyy)

/ /

Effectiveness of medication

If your patient is taking any additional medications, please attach further information outlining the details, including the medication name/s, dosage and frequency, date/s prescribed and effectiveness of medication/s.

Is there any additional treatment that would help improve the patient's functional capacity?

◯ Yes ◯ No

If **yes**, please provide details:

Please attach copies of test results where applicable (e.g. MRI, X-ray, ultrasound, blood test or ECG) and copies of any specialist reports provided to you.

Has the patient seen or been referred to any consultants or specialists?

◯ Yes ◯ No

If **no**, please provide the reason why below.

If **yes**, please provide details below.

Name

Speciality

Practice name

Address

State Postcode

Phone number

Date of first appointment (dd/mm/yyyy)

/ /

Name

Speciality

Practice name

Address

State Postcode

Phone number

Date of first appointment (dd/mm/yyyy)

/ /

5 Patient's functional capacity

What is your understanding of the patient's occupation and their duties?

Is the patient currently performing their usual work duties?

◯ Yes ◯ No

If **no**, please provide details:

How do the symptoms affect the patient in their day to day activities?

How do the symptoms impact on the patient's functional ability to undertake work?

If the patient has ceased all work, do their symptoms present a barrier to their return to work?

◯ Yes ◯ No

If **yes**, please provide details:

6 Declaration

The information I have provided in this form is true and correct at the time of completion.

Name

Signature

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

Date signed (dd/mm/yyyy)

/ /

To find out more about how we collect, use, and disclosure personal information, read our Privacy Policy available on our website at **qsuper.qld.gov.au/privacy**.

Where to send the completed form

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