

Claiming my insurance



Super SA



Triple S and Flexible Rollover Product

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA. Use this form for Income Protection (IP), Total & Permanent Disablement claim (TPD), and Terminal Illness (TI) claims.

Important! – If you have terminated employment because of accepting a Targeted Voluntary Separation Package (TVSP), you may not be eligible to claim for insurance benefits. For more information, please refer to the relevant information sheet applicable to your claim type available on our website.

4. What type of insurance are you claiming?

Income Protection (IP) Total & Permanent Disablement (TPD) Terminal Illness (TI)

NOTE: TPD claims must also attach a completed Education & Experience Report.

Important! Approval for some claim types may invalidate your insurance under a different entitlement type, if you are unsure, please contact our claims team on medicalsUPER@sa.gov.au or 08 8214 7805.

5. Your current/most recent employment details

Employer

Occupation

Annual salary (before tax) \$

Status Full time Part time Casual

Line managers name

Managers title

Managers phone number

Managers email address

What date did you last work? / /

Has your employment been terminated? Yes No If Yes, what date? / /

Have you taken paid leave? Yes No If Yes, what date will your paid leave cease? / /

Have you received, applied for, or are you entitled to receive any workers compensation payments? Yes No

If Yes, please provide details

Injury manager's name

Injury manager's phone number

Injury manager's email

Have you received, applied for, or are you entitled to receive, a workers' compensation redemption (under the Return to Work Act)? Yes No

If Yes, please provide details

Have you received, applied for, or are you entitled to receive, any other entitlements (eg VSP)? Yes No

If Yes, please provide details

Are you receiving a Disability Support Pension (DSP) or Veterans Affairs Pension (VAP)? Yes No

If Yes, which type? DSP Pension No. or VAP Pension No.

Date granted / /

Important! Any entitlement to workers' compensation may affect your insurance entitlement.

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7. Your Doctors and Specialists information

Please provide details of any surgery/procedures

Doctor's name and address	Details of surgery/procedures in relation to the condition(s)	Date
		D D / M M / Y Y Y Y
		D D / M M / Y Y Y Y
		D D / M M / Y Y Y Y
		D D / M M / Y Y Y Y

(If you need more space, please list and attach)

Please give details of all doctors, specialists etc. consulted in relation to the **condition(s)**.

Condition	Doctor's name and address	Date
		Date of first consultation D D / M M / Y Y Y Y Date of most recent consultation D D / M M / Y Y Y Y
		Date of first consultation D D / M M / Y Y Y Y Date of most recent consultation D D / M M / Y Y Y Y
		Date of first consultation D D / M M / Y Y Y Y Date of most recent consultation D D / M M / Y Y Y Y
		Date of first consultation D D / M M / Y Y Y Y Date of most recent consultation D D / M M / Y Y Y Y

(If you need more space, please list and attach)

If there are any other comments/additional information which you believe may be relevant in the assessment of this claim, please provide.

IMPORTANT!

To assist with the assessment of your claim, please attach copies of any documentation you hold regarding your injury/condition. This may include, but is not limited to:

- List of current medications
- Any Test Results (eg biopsy/blood)
- Orthopaedic/Radiological Reports (eg X-rays/MRI)
- Workers' compensation
- Specialists Reports
- Health Care Plans
- Hospital or Separation Reports
- Return to Work Reports

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8. Payment information

Please pay any successful claim as follows:

Pay any benefits to me directly:

Bank details please ensure you attach a copy of your most recent bank statement

Account name (account holder name)

BSB Number

Account number

Helpful tip The next time you visit your doctor, consider asking them to certify a copy of your driver's license or passport. Although you're not required to provide us with proof of identity when you make an insurance claim, we will ask you for it if your claim is approved for payment. You could save time by submitting it in advance with this form.

For TPD payments only

Part or all of your TPD payment can be transferred to another fund. Please select the amount you would like paid directly to you (please complete your bank details above). Any TPD payment above this will be paid directly to the fund listed below.

Transfer amount

- Pay all my benefit to the fund below.
- Pay \$ directly to me and transfer the remaining to the fund below.
- Pay all my benefit to my bank account above

Transfer my TPD benefits to:

Super fund ABN

Name of fund

Super fund member number

Super fund USI

9. Member declaration

- I declare that all the information supplied by me is true and correct.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I acknowledge it is an offence to provide false or misleading information.
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness or injury, medical history, consultations, prescriptions or treatment.
- I understand Super SA (with authority under the Southern State Superannuation Act 2009) can gain access to any information held by RTW or Worker compensation authority (or any provider of these services) to assess my claim.
- Super SA may provide a copy of this declaration to the third party to obtain necessary information.
- I authorise Super SA to provide information to any other medical practitioner for the purpose of assessing my claim.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application.
- I understand that Super SA will obtain information from my employer and may provide my medical details to my employer, which it is authorised to do under the relevant Act and Regulations.

Important! By signing this declaration I declare I have read the information sheet relevant to my claim.
TPD and TI claims must read **Making a TPD Claim**.
IP claims must read **Making an Income Protection Claim**.

Signature



Date

/ /

Important! We are unable to start assessing your claim for any insurance entitlement until we have received the completed documents listed in the checklist on page 1 of this form. This includes a Medical Practitioners Report that has been completed by your treating doctor. If claiming TPD or TI, you must also obtain a Medical Specialist Report by a medical practitioner who is a specialist in the relevant field.

Contact us



EMAIL medicalsuper@sa.gov.au



WEBSITE supersa.sa.gov.au



PHONE (08) 8214 7800



POST GPO Box 48, Adelaide SA 5001



MEMBER CENTRE (Appointment preferred) 151 Pirie St Adelaide SA 5000