

# Fact Sheet for individuals

Russell SuperSolution Master Trust

## Your Total and Permanent Disablement Benefit

Your Total and Permanent Disablement (TPD) Benefit provides an important safety-net in the event of your disability.

- » How the TPD benefit works
- » Claims process

### How the TPD benefit works

Should you become totally and permanently disabled whilst you are a member of the Russell SuperSolution Master Trust (Russell SuperSolution), a lump sum benefit will be paid. The lump sum is normally equal to your leaving service benefit plus an insured component. You should read your Product Disclosure Statement (PDS) for specific details about how your benefit is calculated and whether you qualify for an insured amount.

If you are not eligible for an insured component, you may apply to have your superannuation benefits released under the permanent incapacity provisions. No waiting period applies to permanent incapacity claims; however you will still need to provide medical evidence. If you wish to apply for permanent incapacity please contact us so we can send you the relevant forms.

If your claim is approved you may choose to have your benefit paid in cash, leave it in super or do a combination of both.

The remainder of this fact sheet concerns only TPD claims with an insured component, not Permanent Incapacity claims.

### Claims process

#### Waiting period

A six month waiting period applies before your claim may be considered. You need to have been absent from work due to illness or injury for this period. The waiting period may be waived in certain circumstances, e.g. for terminal illness. The waiting period will usually commence from the date you were last at work.

You may contact us for claim forms shortly before you have served the waiting period if you wish. This will give you time to review the requirements in detail before applying. Our initial letter to you will include the definition of disability that you must meet to be approved for a TPD benefit.

### » Have any questions?

**Helpline:**  
1800 555 667

**Website:**  
[www.russell.com.au/super](http://www.russell.com.au/super)

**Email:**  
[yoursupersolution@russellsuper.com](mailto:yoursupersolution@russellsuper.com)

## What you need to provide

Initially we will need you to provide:

- » Privacy Consent Form – this gives us your consent to pass on your sensitive information when required to process your claim, for example to the insurer and the Trustee. This also provides your consent for the Fund to obtain information from your employer regarding your work history and work abilities.
- » Member's Statement – this provides us with details of your claim including the day you last actively attended work.
- » Two Medical Reports – the insurer will provide a form for your doctors to complete about your condition.
- » Evidence of your Date of Birth – this can be a copy of your birth certificate, drivers licence or passport and must be certified.\*

We will send you the required forms after you contact us to begin your claim.

## What happens next?

After we have received the above documents from you, we will contact your employer to have them complete an Employer's Statement. This form requests details regarding the duties you were required to perform at work, your job history with the company and confirmation of your last date of work.

When this form has been received we will forward it, along with the other information you provided, to the insurer.

\* Certified means that an authorised person (such as a Justice of Peace) has sighted the original and copy, and provided written certification on the copy that it is a true copy of the original.

The insurer will then begin to assess your claim, (provided the six month waiting period is complete).

The insurer may need more information from you, from your treating doctors or from your employer in order to complete their assessment. You may need to have further medical tests or examinations.

We will write to you approximately every three weeks to let you know how your claim is progressing and if you need to provide further evidence or attend medical examinations. The insurer will meet the cost of any additional examinations or tests they request.

## How long will it take?

Every claim is different, but the insurer's assessment process can typically take between 6 and 12 months, depending on the number and type of medical examinations required. For cases where the illness is terminal, the assessment process is much shorter.

Please note that regardless of the insurer's decision to pay the insured component of the benefit, the Trustee will independently assess the merits of your claim. The Trustee examines all of the evidence on hand and generally relies on the advice received from relevant experts (such as further medical examinations or legal opinion) to assist in this process.

If your claim is rejected by the insurer, the Trustee may require additional evidence (possibly involving further medical examinations) to independently assess the situation. The time frame for this process is difficult to estimate given the complex nature of disablement claims and the need to obtain information from medical experts.

However, in the worst case scenario, we expect that the Trustee's decision could be delayed by several more months.

If your claim has been approved by the insurer, the Trustee's assessment is usually much faster, and should not significantly delay your claim.

## What if my claim is declined by the Trustee?

If your claim is declined, we will provide you with a list of all the evidence that was considered. If you would like to object to the decision, you may write to our Enquiries and Complaints Officer. The postal address is:

**Enquiries and Complaints Officer  
Locked Bag A4094  
SYDNEY SOUTH  
NSW 1235**

You may also provide any additional evidence that you would like to have considered. The Enquiries and Complaints Officer will advise you of the outcome as soon as possible.

## Need more information?

Visit [www.russell.com.au/super](http://www.russell.com.au/super), log in and download a copy of your Product Disclosure Statement (PDS). The PDS describes the TPD benefits available to you, and gives the definition of disability you need to meet.

If you have any questions, call our **Helpline on 1800 555 667**.