

Claiming an Income Protection benefit guide

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Claiming an Income Protection benefit guide

We understand this can be a difficult time, and we're here to support you. Our aim is to make the claims process as easy as possible.

This guide will help you understand the process of applying for an Income Protection payment if you're unable to work. Please read this guide along with the *Claiming an Income Protection benefit: Frequently Asked Questions*. You can access this document at virginmoney.com.au/super-insurance.

What's Income Protection (IP)?

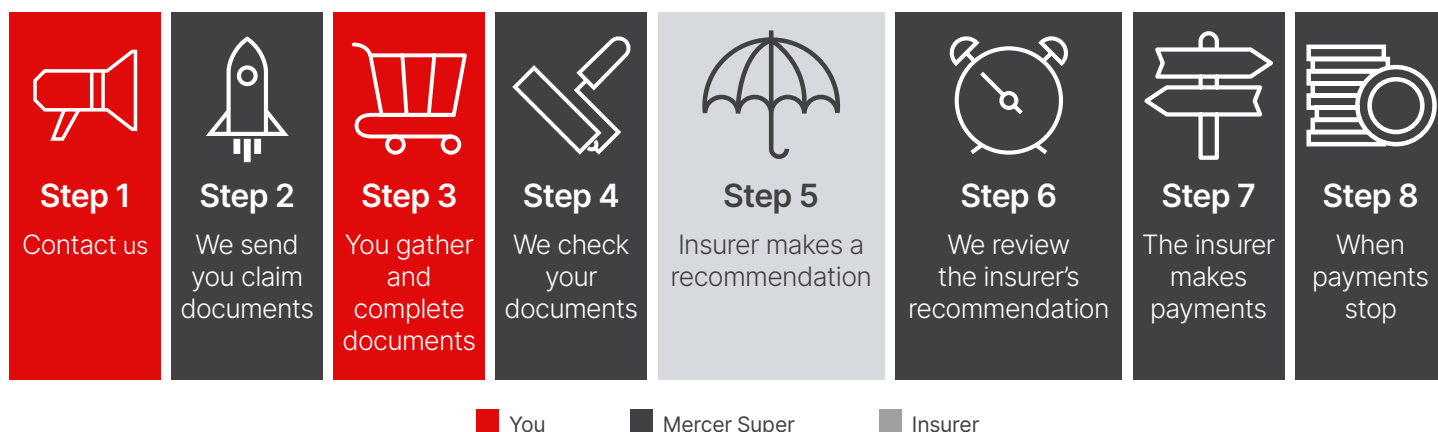
Income Protection is a type of insurance that can help if you temporarily become sick or injured and can't work. It provides monthly payments to help you manage your expenses while you're not earning your regular salary. This way, you can focus on getting better without worrying about your finances. The amount you receive is usually a percentage of your income and may also include superannuation benefits.

This can also be known as Salary Continuance Insurance cover or Total but Temporary Disablement cover.

Not sure if you have Income Protection through Virgin Money Super?

We can help you find out. Just call us on **1300 217 430**, Monday to Friday 9am-5pm (AEST/AEDT). If you're calling from overseas, please call us on +61 3 9192 4419.

Steps to claim an Income Protection benefit



Processing times

Processing times for monthly Income Protection benefits can vary. We aim to complete the process (including starting payments) within three months.

However, there are some factors which may potentially impact the time between when you stop work and can claim Income Protection benefits. These may include:

- The waiting period on your insurance cover. This is 90 days
- The time it takes for you to send us all the required documentation (including medical reports, financial evidence and information from your employer)
- The complexity of your claim

Important information

- Payments won't start automatically when your waiting period ends. You must provide all the required information listed in the letter from your Case Manager, as shown in Step 2.
- If your claim is accepted, the insurer will make the first payment one month after your waiting period ends.

Step 1: Contact us

To start the claims process, call us on **1300 217 430**, Monday to Friday 9am-5pm (AEST/AEDT), or email us at virgininsurance@mercero.com. If you're calling from overseas, please call us on **+61 3 9192 4419**.

If a claims specialist isn't available when you call, we'll return your call within one business day.

Information to have ready

When you call, please have the following things with you:

- Full name
- Address
- Date of birth
- The date you stopped working due to your medical condition
- Customer number (if you know it)

If you choose to email us, we'll need the same information and a contact phone number.

What to expect

During the call, we may ask you further questions. This ensures we provide you with the correct information and forms for your situation.

How to stay in touch

Tell us how you'd like us to contact you – by email, phone or post. We'll check in every 20 business days using your preferred method, unless you let us know something different.

Step 2: We send claim documents

This step will be completed within five business days after we receive enough information to confirm your eligibility to claim.

Your Case Manager will be your main contact to help you start your claim. They'll send you a set of documents within **five business days** using your preferred contact method.

Step 3: You gather and complete the documents

Now that you've received the claims documents, it's time to gather the information and complete the necessary forms. Please call your Case Manager if you need help.

Here's what you need to do:

1. Read the instructions: Carefully read through all the documents you received. Make sure you understand what is required for each
2. Complete the forms
3. Collect supporting documents
4. Prepare your ID

Here's a list of some of the documents you may need to provide/complete:

- Claim forms
- Authority to access medical information
- Any medical reports to support your claim*
- Medical Practitioner form (to be completed by your treating doctor)*
- Original certified copies of your ID**
- Employer statement (to be completed by your last employer)
- Recent employment history information, including your job description, pay history and leave records

Everyone's situation is different, so some of these documents may not apply to you.

Important information

* You will need to pay any costs associated with obtaining documents from your doctor as part of making a claim. If you do not have some or all of the documents we need, please get in touch as incomplete documents could delay your claim.

** There are alternative methods to confirm your identity. Your Case Manager will be able to help you with other options to identify yourself.

For more information about certified identification, including how to get your documents certified, please read the *Completing proof of identity factsheet*. You can find this at: virginmoney.com.au/super/proof-of-identity.

Returning the documents

Once you've gathered and completed all necessary documents, you'll need to send them back to us. If you require help in returning your documents, please contact your Case Manager.

Step 4: We check your documents

This step may take up to ten business days

When we receive your completed documents, we'll review them to ensure you've provided everything we need within ten business days. If anything is missing, or unclear, we'll contact you.

Insurance checks

We'll check if there is insurance cover available to claim on the date you stopped working due to your illness or injury.

Here's what we'll check

1. Premiums were paid on time, and cover hadn't stopped because the balance in the account was too low to pay the premiums.
2. Cover wasn't cancelled by you or under superannuation law. This includes after 16 months of inactivity without your instructions to continue the insurance.
3. Any other terms and conditions that may have caused the cover to stop or prevent the claim being paid.

If you're not eligible to make an insurance claim, we'll let you know and explain why. You'll have the opportunity to provide more information if needed.

Sending the claim to the insurer

Once we've received all minimum insurance requirements as outlined in the letter from your Case Manager, and completed all the insurance checks, we'll send the claim to the insurer.

Step 5: Insurer makes a recommendation

This step should take the insurer 15 business days unless there are circumstances beyond their control.*

The insurer will assess your claim taking into account their definition of Total Disablement (TD). They will also review the information provided by you.

Check for exclusions

There may be limitations and exclusions that apply on certain policies. If this is the case, the insurer will let you know.

Income from other sources (offsets)

The insurer will need to identify whether you're receiving any other sources of income related to your disablement. These are known as 'offsets' and may reduce the amount of the benefit you will receive.

Other sources could include:

- Workers' compensation payments
- Other Income Protection policies

If you receive income that doesn't require you to work (like rental income or investment income), this usually won't affect your monthly benefits.

Keep in mind that not all income protection insurance policies reduce benefits based on the amounts listed above. Depending on your date of disablement, and the terms of the policy that applied at this date, different offsets may apply. If your monthly benefit is reduced because of other income, the insurer will provide you with a written explanation.

Request for more information

The insurer might ask for more information from you or us. If they request further medical information from your doctors, the insurer will cover these costs.

Recommendation by the insurer

Once the insurer is satisfied they have all the information, they'll recommend to either:

- Accept (pay the claim) or
- Decline (not pay the claim).

They will inform us of their recommendation.

* Circumstances Beyond the Insurer's Control, as defined in the Life Insurance Code of Practice. For example:

- The insurer has been unable to contact you about your claim.
- You have not responded to the insurer's reasonable enquiries or requests for documents in a reasonable timeframe.

The code ensures a consistently high level of product and service standards for life insurers to abide by for life insurance policies issued within Australia.

Step 6: We review the insurer's recommendation

This step should take up to 15 business days

If your claim is accepted

If your claim is accepted, the insurer will let you know when your monthly benefit payments will start and how much you'll receive.

Things to know:

- You won't need to pay Income Protection premiums when you're receiving a monthly benefit.
- Regular medical assessments may be required to assess your ongoing medical condition and your eligibility to continue receiving monthly benefits.
- Payments will come directly from the insurer each month (not from Virgin Money Super).
- The trustee will oversee your claim throughout the process with the insurer to make sure it is managed properly.

If your claim is declined

If the insurer's recommendation is to decline the claim, we'll review their recommendation within **15 business days**. If exceptional circumstances apply and we need more time, we'll write to you to explain why.

Advocating for you

If we disagree with the insurer's recommendation to decline the claim, we have a legal obligation to advocate on your behalf if there is a reasonable prospect of the insurance claim being successful.

We'll keep you updated as we work through our review with the insurer.

If we agree with the insurer's recommendation to decline

If we agree with the insurer's recommendation to decline the claim, we'll let you know our reasons within **five business days** of completing our review. This will also include an explanation of the insurer's reasons for not paying the benefit.

Next steps for you

If your claim is declined, we'll provide you with the following options:

- The opportunity to provide further information and request a review of the insurer's decision
- Information about the complaints process

Step 7: The insurer makes payments

This step should take five business days

Once the insurer approves your claim, they will start paying your monthly benefit into your nominated bank account. The first monthly payment is usually paid one month after your waiting period has ended.

Information the insurer needs

If the below weren't submitted with your claim, the insurer will contact you directly.

- Original certified copy of your ID**
- Completed Tax File Number (TFN) declaration form
- Your bank account details

Things you need to know about your monthly benefit

- The insurer will let you know if you need to attend ongoing medical appointments to obtain medical certifications and the frequency they're required. You will need to cover the costs of these medical appointments.
- The insurer will regularly review any other sources of income you receive each month that are related to your disability. Income from other sources, may reduce the benefit amount for that month as a result – see Step 5.
- Your Income Protection benefit payment is considered taxable income and is subject to Pay As You Go (PAYG) withholding tax, just like salary and wages. The PAYG withholding tax will be deducted from your benefit before it's paid and sent to the Australian Taxation Office (ATO). We recommend seeking financial advice to understand how this could impact your financial situation.

Important information:

** For more information about certified identification, including how to get your documents certified, please read the *Completing proof of identity factsheet*. You can find this at: virginmoney.com.au/super/proof-of-identity.

There are alternative methods to confirm your identity. Your Case Manager will be able to help you with other options to identify yourself.

Step 8: When payments stop

Income Protection monthly benefits will stop under the following circumstances:

- You no longer meet the insurer's definition of Total Disablement or Partial Disablement
- You reach the age 65
- You have been paid benefits for 24 months due to the same illness or injury
- You don't provide the insurer the information they need to assess your eligibility for ongoing payments
- You pass away

Different conditions may apply, including if you're overseas or you're not an Australian resident and you do not follow the insurer's requirements regarding medical assessment and treatment. The insurer will let you know if this is the case.

We're here to help

Speak with one of our Claims consultants on **1300 217 430**, Monday to Friday 9am-5pm (AEST/AEDT). If you're calling from overseas, please call us on +61 3 9192 4419.

You should read this guide along with the Claiming an Income Protection benefit: Frequently Asked Questions. You can access this document at virginmoney.com.au/super-insurance.

If you're experiencing financial hardship, you may be able to access some of your super to meet reasonable and immediate living expenses.



virginmoney.com.au/super

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