

Claiming a Terminal Illness benefit guide

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We understand this can be an incredibly challenging 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 a benefit payment if you have a terminal medical illness. Please read this guide along with the *Claiming a Terminal Illness benefit: Frequently Asked Questions*. You can access this document at **virginmoney.com.au/super-insurance**.

What's a terminal illness benefit?

A terminal illness benefit gives you a lump sum payment if you're diagnosed with a terminal illness which meets the insurer's definition, and the insurer accepts your claim. This insured benefit is included as part of your death insurance cover.

Can I access my super balance?

If you're diagnosed with a terminal illness, you may also be able to access your super account balance if you meet the condition of release for a Terminal Medical Condition (TMC).

If you withdraw your entire super benefit you will lose any remaining insurance (for example any voluntary Income Protection cover) you currently have. If you want your remaining insurance to continue you will need to leave a sufficient balance in your account to fund future premiums.

This information is intended as a guide only and does not constitute advice. Before making a withdrawal, you should speak to a licensed financial adviser about the impacts this could have on your remaining insurance entitlements.

For further information on any of the above, please refer to the FAQs.

Steps to claim a terminal illness benefit.



Processing times:

Terminal illness claim processing times can vary. We aim to complete the process (including payment) as soon as possible, typically this is within four to eight weeks.

However, some factors may potentially extend this time, such as:

- The time it takes for you to send us all the required documentation
- The complexity of your claim
- Any additional medical information required and the time it takes to receive the reports

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 <u>virgininsurance@mercer.com</u>. 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 information about yourself ready:

- Full name
- Address
- · Date of birth
- · Date of diagnosis
- 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 other questions. This ensures we provide you with the correct information and forms for your claim.

How to stay in touch

Tell us how you'd like us to communicate with you – by email, phone or post. We'll check in with you regularly, but never more than every 20 business days, using your preferred method, unless you let us know something different.

Step 2: We send you 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.

If your Case Manager is unavailable, our dedicated Claims team will help you.

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:

- Terminal Medical Condition claim form*
- Terminal Illness claim form(s)*
- Original certified copy of your ID**
- Copy of your bank statement

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 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 assistance 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 verify that you had insurance cover available to claim.

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.

The insurer will assess your claim and determine if you meet their definition of *Terminal Illness*.

Checking for exclusions

There may be limitations and exclusions that apply to your cover. If this is the case, the insurer will let you know.

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.

It's important to note that this could extend the time it takes for the insurer to make their recommendation.

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.

Step 6: We review the insurer's recommendation

This step should take up to 15 business days

If your claim is accepted

If the claim is accepted, we'll let you know within **five business days**. At this time, we'll also allocate the insurance amount into your super account.

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

Important information

If your claim is declined for a terminal illness benefit you may be eligible for a Terminal Medical Condition payment (which is your super account balance only). One of the requirements will be supplying certificates from two registered medical practitioners (at least one of the treating doctors must be a specialist practicing in an area related to your illness or injury) certifying:

That you suffer from an illness, or have incurred an injury, that is likely to result in death within 24 months of the date of certification.

This wording will be included on the forms for the doctors to complete.

Step 7: Accessing your super

This step should take five business days after all documents are received and reviewed, and provided the trustee is satisfied that you meet the condition of release.

If your terminal illness claim is approved by the insurer, any insurance payment will be made into your super account and form part of your account balance.

Withdrawing from your super account

To withdraw any funds from your super account the trustee must be satisfied that you meet the condition of release for a Terminal Medical Condition.

If you withdraw your entire super benefit, you will lose any remaining insurance you may currently have. For example, you may still have voluntary Income Protection cover. If you want any remaining insurance to continue you will need to leave a sufficient balance in your account to fund future premiums.

This information is intended as a guide only and does not constitute advice. Before making a withdrawal, you should speak to a licensed financial adviser about the impacts this could have on your remaining insurance entitlements.

Documents we may need from you

To finalise your payment, we might need you to provide the following documents. We'll let you know if these are required:

- Original certified copy of your ID (this must be by post)*
- A completed Terminal Medical Condition form (by post or email). This form will include a request for:
 - Your personal details
 - Payment instructions
 - Banking details
 - Completed forms from two legally registered medical practitioners (at least one of the treating doctors must be
 a specialist practicing in an area related to your illness or injury).

Important information

You will need to pay any costs associated with obtaining documents from your doctors.

Receiving your payment

Once we confirm that you meet the condition of release, we'll process your payment to you.

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.

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

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 a Terminal Illness benefit: Frequently Asked Questions*. You can access this document at <u>virginmoney.com.au/super-insurance</u>.

^{*}For more information about certified identification, including how to get your documents certified, please read the Completing proof of identity factsheet at virginmoney.com.au/super/proof-of-identity.



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