

Claims Guide

25 September 2021



About this Guide

This Claims Guide is intended to provide you with additional guidance on ClearView's claims process and requirements, as well as support services that are available when making a claim. This Guide is intended to provide general information only and should be read together with the applicable Product Disclosure Statement and Policy Document (**PDS**). The requirements for a claim can vary according to a particular person's situation and all claims are accepted and benefits paid in accordance with the terms of the policy.

A copy of the relevant PDS can be obtained from **132 977** or on our website: **clearview.com.au/News-Resources/pds-and-brochures**.

This document can also be found in HTML formats on our website **clearview.com.au/life-insurance/claims**.



Claims Philosophy

ClearView's vision is to support Australians to achieve their financial and wellbeing goals while being a positive force for our staff, our community, and the environment.

As part of this, our Claims Philosophy outlines how we will work with you, your family or estate at claim time, so you know that your claim will be handled expertly, sensitively and with compassion and care. We are committed to supporting you, to helping you identify your eligible benefits and to paying them as quickly as possible.

At ClearView, our Claims Philosophy is underpinned by four core values:

1. Supporting you and your family
2. A fair, consistent and responsible approach to managing claims.
3. Upholding the health benefits of returning to work.
4. Paying valid claim entitlements as quickly and efficiently as possible.

Wherever we can, we will help you and your family following of a sickness, injury, or death.

For more information on our Claims Philosophy please go to **clearview.com.au/life-insurance/claims**.

Our claims process

Step 1 – Contact us about your claim as soon as possible



Contact us

Contact your financial adviser or get in touch with us directly:

- Give us a call on **1300 730 832 between 9am to 5pm (AEST) Monday to Friday**
- Email us at **clearviewlifecclaims@clearview.com.au**
- Write to us at **ClearView Life Claims GPO Box 4232 Sydney NSW 2001**

We'll ask you a few questions to understand the nature of your situation. This helps guide which benefits you may be eligible to claim for and the information you may need to provide for your claim.

Step 2 – We'll send you a claims kit within 2 business days of being notified of your claim



Claims kit

Depending on the type of cover you're claiming on, we'll email you the claims kit along with your log-in details for our online claims portal – **MyClearView** – which enables you to upload relevant documents, track the progress of your claim and correspond with your dedicated Claims Consultant throughout the claim.

The claims kit contains specific claim forms for your cover type and outlines the information you may need to provide including important personal, medical and financial information.

This helps us understand your individual situation and allows your claim to be assessed quickly and efficiently so that we can pay your claim sooner during your time of need.

If you need help with filling out the forms or understanding the listed requirements, please contact us or your financial adviser for assistance.

You can also nominate another party such as a family member to assist you with your claim or to communicate on your behalf by completing a third-party authority form.

Step 3 – Return your completed claim forms to us along with any other additional information which is necessary to review your claim as soon as possible



Return your claims forms

This will generally include medical form completed by your doctor or specialist (sometimes both for certain claim types), so book your appointment with them sooner rather than later.

We understand it can be difficult dealing with a sickness or injury. If you don't have all of the requirements, send us what you have so we can start assessing your claim and we'll let you know the best way to provide the outstanding information.

Please see 'Claim Form and Additional Information' section on page 10 for details on the additional documents you'll need to provide for your claim and type of cover.

All medical and health information you provide during the claim is strictly confidential and is treated in accordance with ClearView's privacy policy which is available at **[clearview.com.au/privacy-policy-\(information-handling-policy-1\)](http://clearview.com.au/privacy-policy-(information-handling-policy-1))** and in the case of ClearView Clear Choice Super and ClearView also in accordance with the Trustee's group Privacy Policy is available at **eqt.com.au/global/privacystatement** as well as any other applicable laws in relation to dealing with medical and health information.

You should also read the applicable Product Disclosure Statement and Policy.

Step 4 – Assessing your claim



Assessing your claim

Once the completed claim forms and supporting documents are received, your dedicated Claims Consultant will be in contact with you within **two business days** to introduce themselves and update you on your claim.

An initial assessment of your claim will be carried out within **five business days** of receiving this information. We will update you on the progress of your claim at least every twenty business days (or as agreed with you).

Your dedicated Claims Consultant will be your main point of contact throughout the claim and assist you with each step of your journey by:

- Explaining the claims process and requirements including expected timeframes
- Answering any questions regarding your claim and policy (including any premium related queries)
- Letting you know if we need more information to assess your claim and why
- Providing additional information and connecting you with specialist work and health services providers to help you recover your health and assist with your return to work, where appropriate
- Connecting you with appropriate government and community support services to assist you and your family while we assess your claim.

Step 5 – Next steps



Next steps

Following initial assessment of your claim, your Claims Consultant will notify you regarding the outcome of your claim, which may include:

- Your claim is accepted and we'll arrange for payment to be made to the policy owner (or to the nominated beneficiary or estate in the case of death benefits)
- We may require additional information to make a decision
- Your claim is declined

If we require more information to make a decision on your claim, your Claims Consultant will contact you, your financial adviser or other representative to discuss the additional requirements and what the next steps are. We will only request and rely on information that is relevant to your claim and explain why the information has been requested. If we need to contact your doctor, accountant or any other third party for information to help us assess your claim and you have given us signed authority to do so, we will notify you before we contact them.

If there is an obstacle to your claim being paid, your Claims Consultant will outline this, present the relevant information we obtained in relation to your claim, and provide you with the opportunity to respond and provide any further commentary before a decision is made.

If your claim is declined, your Claims Consultant will explain why we are unable to accept your claim. We will also provide you with the outcome in writing and outline the process for you to provide additional information, request an independent review and to make a complaint about your claim.

Claims support services

Additional support for vulnerable customers

We recognise that some people may have unique needs when making a claim, making an enquiry, making a complaint and/or communicating with us. This may include Indigenous Australians, older persons and people with mental health conditions, people with a disability, individuals from non-English speaking backgrounds, people with low levels of literacy and/or individuals in financial distress or in abusive relationships.

Where you tell us that you require support or if we identify you as a vulnerable customer, we will take practical steps to provide assistance to the best of our ability. This may include referral to people or services with specialist training and experience to appropriately engage with and support you. We will ask for your permission to keep a record of the support or assistance you require.

Customers experiencing mental health issues

We understand some customers may experience vulnerability due to a mental health condition and may require additional support during the claims process.

We encourage you to tell us about your mental health condition and we will work with you to provide extra support or assist you access appropriate support services with empathy, compassion and respect.

Interpreting services

Australia is a multicultural country and we understand English is not the first language of some of our customers.

We will provide access to an interpreter at your request or where we need an interpreter to communicate effectively with you. This may be an interpreter who is a member of our staff, or an external interpreter depending on the circumstances. We will record your interpreting needs and plan ahead to meet these needs. Where an interpreter is offered but declined, this will also be recorded.

Our non-English speaking customers can contact us on **1300 730 832 between 9am to 5pm (AEST) Monday to Friday** to arrange an interpreter or contact the free interpreting phone service available with National translating and interpreting service on **131 450** or **tisnational.gov.au**

Customer with impaired vision, hearing or difficulty speaking

We understand people with impaired vision or hearing and those with difficulty in speaking may need access to different methods of communication when engaging with us about their claim.

If you need information regarding your claim and policy to be provided for you in an accessible format such as large print, please contact us on **1300 730 832 between 9am to 5pm (AEST) Monday to Friday** or email us at **clearviewlifeclaims@clearview.com.au**

Customers can also get in touch with us via the National Relay Service (NRS) on **1300 555 727** or **nrschat.nrscall.gov.au**

Customers having trouble providing information

We understand that due to their unique needs, some customers may have difficulty meeting their obligations to provide us with certain supporting documents, such as document to meet identification requirements, or to take part in assessments in the timeframes we set.

We will work with you to find a solution where you need more details to understand the reasons for our requirements or need help providing the requested claim information. This may include attempting to collect information on your behalf, with your permission.

Urgent financial need for Income Protection claims

Please tell us if you are in urgent financial need of the benefits for which you are covered for under the policy. We will ask you to provide supporting documentation that is reasonably necessary to assess your request, such as documents that provide details of your financial circumstances including bank statements, overdue notices and any other information that would be considered relevant.

If you demonstrate that you are in urgent financial need, we will take all reasonable steps to prioritise the assessment and decision in relation to your claim; and/or make an advance benefit payment to assist in alleviating your immediate hardship.

We will notify you about our decision within **five business days** of receipt of the documentation we have requested from you.

Other ways to help

We appreciate that the circumstances surrounding a claim are often difficult and it is important that you and your family are provided with the help and support required. In addition to speaking with ClearView, the following government and community based organisations may be able to provide further assistance around health advice, mental health support, financial counseling and relationship support services.

We encourage you to speak to your treating doctor around support services available and to dial **000** if you are experiencing a crisis and require immediate assistance.

Health Direct	1800 022 222 www.healthdirect.gov.au
Lifeline	13 11 14 www.lifeline.org.au
National Debt Hotline	1800 007 007 www.ndh.org.au
National Sexual Assault, Family & Domestic Violence Counselling Line	1800RESPECT 1800 737 732 www.1800respect.org.au
Relationships Australia	1300 364 277 www.relationships.org.au/

Rehabilitation and return-to-work Support

The benefits of good work

Participating in meaningful work is not only good for financial wellbeing, it has many physical and psychological benefits too. It is also true that not working can be linked to reduced physical and mental wellbeing.

Returning to work can be an important part of recovery in itself - boosting self-esteem and providing important social connections. Where appropriate, the transition back to work can happen gradually, according to your needs.

ClearView is a signatory to 'Realising the Health Benefits of Good Work Consensus Statement', which is an initiative from the Australasian Faculty of Occupational and Environmental Medicine (**AFOEM**) of The Royal Australasian College of Physicians (**RACP**).

Some of the key principles about the relationship between health and good work from the Consensus Statement include:

- Good work is a key determinant of the health and wellbeing of employees, their families and broader society.
- Long term work absence, work disability and unemployment may have a negative impact on health and wellbeing.
- Providing access to good work is an effective way to reduce poverty and social exclusion.
- With active assistance, many of those who have the potential to work, but are not currently working, can return to work and enjoy its benefits.

The benefits of rehabilitation

At ClearView, we see our role as helping both our customers on claim and the community. We have a firm belief that a partnership with the community as well as customers during the claims journey can have a positive impact on people's lives.

We understand that everyone has different needs and your health and wellbeing goes beyond policy benefit payments. Effective rehabilitation can help people realise their potential through a return to wellness.

We will work with you and your health providers to help support the physical, psychological and emotional aspects of your recovery, along with longer term wellbeing.

It also allows us to have a better understanding of your occupation, personal circumstances and medical condition to facilitate a faster and more personal claims process.

That's why we offer supported return to work, work-readiness and wellness programs that are evidence backed and results driven, at the right time for you.

Given the specialisation involved in rehabilitation, we partner with specialist work and health services providers to provide a full suite of occupational rehabilitation services and can work with you and your health providers to develop an appropriate recovery plan.

This may include assisting you with:

- Occupational rehabilitation including occupational assistive devices and aids
- Wellness programs
- Vocational counselling including career advice and retraining to improve your qualifications,
- Financial health and business coaching

Our experience is that rehabilitation is well received by the majority of our customers on claim, however if you have any concerns or questions, please speak to your Claims Consultant for more information on how we can best support you.

Rehabilitation support and assistance is available under Income Protection, Business Expense and TPD coverages, depending on the policy terms. All payments relating to occupation rehabilitation service will be made directly to the third-party provider.

Please note, rehabilitation services provided under your claim are differentiated from medical treatment under the health sector legislation. ClearView are not permitted by law to fund or reimburse any expenses relating to medical treatments such as medication, hospital treatment or general treatment as it is regulated by the *National Health Act 1953* (Cth) and the *Private Health Insurance Act 2007* and 2015 (Cth).

Frequently asked questions

How long will it take to assess my claim?

We always strive to assess your claim as quickly as possible.

The circumstances of each customer and each claim are unique. To make a decision, we need to have the necessary information relevant to your claim.

Some claims are more complex than others. For example, an Income Protection claim requires us to look at more than just the medical information. We need to understand how your ability to earn an income has been impacted by your illness/injury. This involves reviewing your earnings history before and after your sickness or injury and may require us to request information from your accountant and/or employer. This is in addition to the medical information obtained from your doctor.

By comparison, a trauma claim can generally be more less complex. Often, we only need the doctor or specialist to confirm that the diagnosed medical condition meets the policy definition.

The Financial Services Council (**FSC**) **Life Insurance Code of Practice (LICOP)** sets out the time frames in which we must assess any claim and the steps we must take to notify you if we are unable to assess your claim within those time frames.

Under the code, we are required to communicate the outcome of your claim to you within **ten business days** of receiving all the information we need to make a decision and explain the reasons for our decision. We will also update you on the progress of the claim at least every **twenty business days** (or as agreed with you).

Can someone else complete the claim form on my behalf?

Yes, you (the insured) can sign the declaration at the end of the claim form to say that all the information provided is true and correct.

If the insured has temporary or permanent loss of capacity and is unable to answer the questions on the claim form or sign the declaration, we will require a copy of the documentation that shows us who has authority to act on the person insured's behalf. This will generally be a power of attorney or an enduring power of attorney.

The only people we can release information to about your claim is the insured, the policy owner and the listed financial adviser (if there is one).

If you'd like us to release information to another party or discuss the progress of your claim with another party, you will need to complete a third-party authority form.

What is a certified copy?

A certified copy is a copy of an original document that is signed and dated by an authorised person.

An authorised person includes but is not limited to a Justice of the Peace, accountant, solicitor, barrister, doctor, pharmacist, dentist, optometrist, physiotherapist, police officer and teacher.

The authorised person needs to see the original document and note on the copy, *'I certify this to be a true and correct copy of the original document'*, or words to that effect. They should also include their name, the date they certified the document and their qualification or registration number (if applicable). If the document has multiple pages, each page must be numbered and signed or initialed by the authorised person.

For further information, please see clearview.com.au/who-can-certify

Where circumstances do not permit or make physical certification difficult, we will attempt to use what alternative certification methods are acceptable at that time.

How can I check on the progress of my claim?

MyClearView is our online claims portal for select types of cover that enables you to track the progress of the claim in real time.

If your claim is not on **MyClearView** or you would prefer to talk with your Claims Consultant, just give us a call on **1300 730 832 between 9am to 5pm (AEST) Monday to Friday**.

Can I have my Claims Consultant's direct phone number or email address?

To ensure phone calls and/or emails are not missed if your dedicated Claims Consultant is away from their desk or on leave, we use a centralised number and email inbox.

This number and email inbox is answered by a member of the claims team who will direct your enquiry to your dedicated Claims Consultant who will contact you back as soon as possible.

Can I provide feedback on my claims experience?

We're committed to making our claim process as easy as possible and welcome any feedback that you may have. Feedback can be provided using the following options:

- Give us a call between **1300 730 832 between 9am to 5pm (AEST) Monday to Friday**
- Email us at **clearviewlifecclaims@clearview.com.au**
- Write to us at: **ClearView Life Claims GPO Box 4232 Sydney NSW 2001**
- Visit our website at **clearview.com.au/contact-us**

Who is the benefit paid to?

If you are entitled to receive a benefit, the benefit is generally always paid to the policy owner (or to the nominated beneficiary or estate in the case of death benefits).

For any cover held inside super, the benefit will be paid to the HTFS Nominees Pty Limited ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659 (Trustee) and the Trustee will then determine how to pay applicable benefits in accordance with superannuation law.

How long will I have to wait for an income protection benefit?

If you are entitled to receive any income protection benefits, the benefits are generally payable from the end of your waiting period and are paid monthly in arrears. For example, if you have a 30-day waiting period and are eligible for a benefit, you will receive your first payment on day 60 from the start of the waiting period.

Note: Some ancillary benefits and extra cost options pay a benefit during the waiting period or waive the waiting period.

What is a waiting period?

The waiting period is the amount of time you have to be unable to work before you are eligible to claim a monthly income protection benefit.

Generally speaking, benefits are not payable during the waiting period with some exceptions for ancillary benefits and extra cost options which is available under the policy.

Do we withhold tax on income protection benefits?

For income protection inside ClearView ClearChoice Super and ClearView LifeSolutions Super we will withhold tax from benefit payments and will provide you with an income statement of benefits paid for the financial year.

For information around tax treatment of benefit you should read the relevant PDS and/or speak with a taxation professional.

How often do I have to provide updated claim forms for an income protection and business expense benefits?

Income Protection and Business Expense benefits are assessed and paid on a monthly basis. Your dedicated Claims Consultant will communicate regularly with you to check in on your progress with your recovery, treatment and return to work to review your continued entitlement to benefit payments.

We will also explain what information is required and this includes updated claim forms completed by you and your treating doctor and other requirements as outlined in the Income Protection and Business Expenses claims requirement section of this guide on page 14.

We will not require you to provide updated Ongoing Medical Examiners Form from your doctor more frequently than is reasonably necessary to assess your condition and claim.

What can hold up the claims process?

Often it is incomplete forms or missing information that results in delayed benefit payments. Some of the more common issues we see include:

- forms not signed or dated
- no certified copy of identification of the person insured and the policy owner, if they are different to the insured or the beneficiary(ies) for a death claim
- no doctor's details or the Medical Examiners Form not returned
- doctor not providing dates for the period of time the person insured was unable to work
- bank details not completed or signed
- poor quality photocopies of important documents which make the content illegible and difficult to review (e.g. photo copy of driver's license that is too dark to read)
- the Specialist Physician Form being completed by a general practitioner, not the specialist, or
- incomplete financial documentation, or a person insured providing their notice of assessment rather than a complete tax return.

Claim Form and Additional Information

The information that you will need to provide depends on the nature of your claim and policy.

You can find detailed information about evidence requirements under the relevant covers.

Please take note of the extra requirements if your cover is held inside superannuation.

Requirements for all claims

Where additional information is required to assess your claim or review your application for or variation to cover, we will:

- act reasonably in relation to our requirements
- request the information we need as early as possible
- will avoid multiple information requests where possible.

At a minimum, the following initial claim requirements for all claim types include:

- our claim form (completed in manner acceptable to us acting reasonably) along with any other information which is necessary to establish your entitlement to a benefit under the claim. We will contact you if we don't have enough information.
- proof of your age, if not already provided
- a certified copy of identification (**ID**) of the person insured and the policy owner, if different to the insured, and the beneficiary(ies) for a death claim (e.g. copy of driver's license, passport or birth certificate), and
- any other evidence we require to establish the circumstances of the claim.

The cost of providing information including initial and ongoing claim forms, medical information and financial documents required to establish the validity of the claim is your responsibility.

If we require you to attend an independent medical examination, we will pay for it, including the cost of production of reports and travel costs agreed in advance (but excluding missed appointment fees).

Additional claim requirements and evidence

We may require additional information to establish the circumstances and entitlement to a benefit under the claim or your application for or variation to cover. This may include requesting information from relevant third parties such as your health provider(s) or financial and tax advisers.

The information requested may include (but not limited to):

- your medical history
- financial evidence including business and/or personal income and expenses
- your occupation and duties at application and claim time
- any other insurance policies and claims
- your pastimes

We may also require you to attend and engage with the following providers:

- independent medical examiner
- occupational rehabilitation service provider
- forensic accountant, which may involve a financial audit or information from your accountant
- consultant appointed by us to discuss the circumstances surrounding your claim, in a meeting.

We will pay for the cost of production of reports and travel costs agreed in advance (but excluding missed appointment fees) in the above circumstances.

The importance of meeting claims requirements and providing evidence (including for ongoing claims)

It is important that you provide to us the information that we require and engage with the providers, in order to establish your entitlement to a benefit.

You may also be required to provide information periodically which we consider is necessary to establish your continued entitlement to the benefit payments until your claim or cover ends.

This information can include updated claim forms completed by you and your treating doctor and other requirements as outlined in the Income Protection and Business Expenses claims requirement section of this guide on page 14. Please read the claims section of the PDS for further details.

If you do not provide the information we may reduce, cease or suspend payments to the extent your continued entitlement to the benefit cannot reasonably be established.

We let you know if this applies to you and give you reasonable opportunity to provide the required information before doing so. We will continue your payment where you can reasonably demonstrate that any delay was beyond your control.

Death claim

Document	What is it and why do we need it?
Life Insurance (death) Claim Form	Form issued by us that provides information about the cause and nature of the death of the insured person that is required to assess the claim.
Certified copy of the death certificate	This document provides information about the death of the person insured, including when they died, the cause of death and their next of kin. The person lodging the claim (claimant) can obtain this from the Registrar of Births, Deaths and Marriages. We need this document for proof of death.
Certified copy of the police and Coroner's report (if applicable)	These documents provide additional information about the cause of death. They can be used to help identify if death was the result of an accident or illness, as may be required by the relevant policy terms.
If the policy is owned solely by the person insured, there are no listed beneficiary(ies) and the benefit amount is \$50,000 or more, we need the following:	
Certified copy of the Will	This is a document used to provide instructions on how a person would like their property and assets disposed of in the event of their death. We need this document to determine who the person insured's legal personal representative(s) is.
Certified copy of Probate or Grant of Probate	Probate is a procedure by which the Will is approved by the Supreme Court as the valid and last Will of the deceased. It confirms the appointment of the person(s) named as the executor and allows them to distribute the assets of the deceased as per the Will. Executor: Administers the estate and ensures the deceased's will is followed.
Certified copy of Letters of Administration	Letters of Administration is a court order made by the Supreme Court which allows the administrator to distribute the assets of the deceased who died without a valid Will (intestate). Probate and Letters of Administration provide us with the name(s) of the person who can act for the estate. It is usually (but not necessarily) granted to the nominated executor(s).

Death claim inside super

If your Life Cover is held inside ClearView LifeSolutions Super or ClearView ClearChoice Super and you have a binding (non-lapsing) nomination(s), the Trustee also requires a signed statutory declaration from the beneficiary(ies), confirming their relationship with the person insured.

Beneficiary: Benefits from the estate as per the wishes of the will-maker or nomination by the Life Insured.

Terminal illness claim

Document	What is it and why do we need it?
Terminal Illness Claim Form	Form issued by us that provides information about the nature and progression of your sickness which is likely to impact on your life expectancy to assess the claim.
Specialist Physician Medical Form	Form issued by us to be completed by your primary specialist physician in relation to verify the nature, treatment and prognosis of your illness. Medical opinions by two medical practitioners, including at least one primary specialist physician is required as per the policy terms.

Trauma claim

Document	What is it and why do we need it?
Trauma Insurance Claim Form	Form issued by us that asks for information regarding your sickness or injury to assess the claim.
Specialist Physician Medical Form	Form issued by us to be completed by your primary specialist physician in relation to your sickness or injury to assess if it meets the defined specified trauma condition.
Copy of medical reports and test results	We need this information to verify whether your sickness or injury meets the definition of one of the specified trauma conditions. This includes relevant medical test results, such as pathology, histology, scan reports (not the scans) and any other medical information regarding your sickness or injury.

Total and Permanent Disability (TPD) claim

Document	What is it and why do we need it?
TPD Claim Form	Form issued by us that asks for information about your sickness or injury leading up to your permanent inability to work, permanent impairment or to perform the relevant duties or activities needed to assess the claim under the relevant definition that may apply.
Job description	A job description is a document that clearly states the essential requirements, duties, responsibilities, and skills required to perform a specific job. We need the job description for the role you were in immediately prior to your sickness or injury to understand the duties required to perform your role.
Copy of Curriculum Vitae (CV)	This document provides a summary of your work history and includes your level of education and qualifications attained. If you don't have an up-to-date CV, you can provide this information in the TPD Claim Form. We need this information to understand your employment options to assist with the assessment of your claim.
Copy of all medical test results	This includes relevant medical test results and any correspondence between your treating doctor and relevant specialists or allied health professionals in relation to your sickness or injury. We need this information to review the progression of your sickness or injury.
Medical Examiners Form	Form issued by us to be completed by your treating doctor in relation to your sickness or injury for which you are claim and the degree of any functional impairment to assess the claim.

TPD claim inside super

If your TPD Cover is owned by your self-managed super fund or for ClearView LifeSolutions Super or ClearView ClearChoice Super, we also need a Specialist Physician Medical Form. This is in addition to the Medical Examiner Form listed above. We also need you to complete an ATO Tax File Number Declaration Form so that we know how much tax to withhold from any benefit payment.

Income Protection and Business Expense claim

Initial requirements

Document	What is it and why do we need it?
Income Protection Initial Claim Form	Initial form issued by us that asks for the information about your sickness or injury for which you are claiming and other relevant circumstances needed to assess the claim.
Income Protection Initial Medical Examiners Form	Form issued by us to be completed by your doctor. We need this information to verify your sickness or injury and the degree of functional impairment for which you are claiming.
Copy of medical reports and test results	This includes relevant medical test results and any correspondence between your treating doctor and relevant specialists or allied health professionals in relation to your claimed condition/s. We need this information to review the progression of your sickness or injury.

Ongoing requirements

Document	What is it and why do we need it?
Income Protection Progress Claim Form	Where claim payments are ongoing, you may be required to provide ongoing forms periodically until your claim or cover ends. Ongoing form issued by us that ask further information about the progress of your sickness or injury for which you are claiming including the details of your treatment, work capacity, income and other insurance payments to assess your ongoing eligibility and benefit entitlements.
Income Protection Ongoing Medical Examiner's Form	Ongoing form issued by us to be completed by your doctor in relation to the progress of your sickness or injury for which you are claiming including details of your treatment and work capacity.
Copy of medical reports and test results	This includes relevant medical test results and any correspondence between your treating doctor and relevant specialists or allied health professionals in relation to your claimed condition/s. We need this information to review the progression of your sickness or injury.

Financial requirements

Pre-disability earnings

We need your financial information to verify your income and calculate the monthly benefit payable at claim time.

Accessing your Individual Income Tax Return or Income Statement

Log into myGov at **my.gov.au**, select 'ATO online services' and follow the prompts.

If you don't already have a myGov account, it's easy to set up and manage. All you need is a mobile number and email address. Go to my.gov.au, select 'Create an account' and follow the prompts. For more information on setting up a new myGov account, visit humanservices.gov.au/individuals/online-help/create-mygov-account

If an income protection benefit becomes payable, this will typically be treated as your personal assessable income for tax purposes and will be subject to tax at your marginal tax rate. The Trustee will be required to withhold PAYG tax before making any benefit payment to you.

ClearView LifeSolutions policy

The financial years for which you will need to provide information depends on your benefit type and the type of benefits you are eligible for.

Benefit type:	Financial information required for your claim:
Indemnity Value	You need to provide financial information for the three financial years immediately prior to when you became unable to work because of sickness or injury.
Agreed Value	You need to provide financial information for the best consecutive 12-month period you had between one year prior to the start of cover and the date you became unable to work because of sickness or injury. 'Best' means the period with the highest average monthly earnings.
Guaranteed Agreed Value	You do not need to provide financial information if you are claiming a total disability benefit. You will need to provide financial information if you are claiming a partial disability benefit, and it's the same information that's required for an agreed value benefit type.

ClearView ClearChoice policy

You need to provide financial information for the relevant financial years or calendar months* immediately prior to when you became unable to work because of sickness or injury.

Pre-disability earnings:	Financial information required for your claim:
where your monthly earnings in the 12 calendar months* immediately preceding the date of disability are no more than 20% lower or higher than the equivalent 12-month period* immediately prior to the previous period.	You need to provide financial information for the 12 calendar* months immediately prior to when you became unable to work because of sickness or injury.
where your monthly earnings in the 12 calendar months* immediately preceding the date of disability are more than 20% lower or higher than the equivalent 12-month period* immediately prior to the previous period.	You need to provide financial information for two full Australian tax years immediately prior to when you became unable to work because of sickness or injury.
where you have been on sabbatical leave or parental leave for no more than 12 months at the date of disability	You need to provide financial information for the 12 calendar* months immediately prior to commencement of the leave.

* The most recent Australian tax year (1 July to 30 June) may be used by you in place of the relevant 12-month period.

Post-disability earnings

We also need you to provide your personal and business income tax return including the relevant Notices of Assessment and Financial Statements periodically until your claim or cover ends to confirm your post-disability income and benefit entitlements.

If you have monthly earnings and/or are receiving payments from other sources as defined in the PDS and Policy Document while on claim, we require details of these payments in order to determine the correct benefit payable to you.

Document	What is it and why do we need it?
Individual Income Tax Return with the supporting Notice of Assessment	<p>This is a copy of your personal income tax return as lodged with the Australian Taxation Office (ATO) at the end of the financial year.</p> <p>The Notice of Assessment confirms lodgment of the tax return with the ATO. The Income Statement is a copy of your personal income for the financial year to date. It also details tax withheld and superannuation contributions for the period.</p> <p>Note: We will accept an Income Statement until your tax return becomes available.</p>
Payslips	<p>This is an itemised listing and breakdown of your periodic payments from your Employer, including wages, fringe benefits, allowances, bonuses, superannuation contributions and any other entitlements such as sick leave, annual leave and long and service leave.</p>
Superannuation statement or contribution summary	<p>These documents show your superannuation balance as at the end of the financial year and include the total contributions received.</p> <p>We need this information as at the end of the financial year or the relevant period prior to you ceasing work, to calculate benefits payable to superannuation.</p> <p>Note: For LifeSolutions, this is only required if you have chosen the Superannuation Contribution Option. For ClearChoice, it is required for all claims.</p>
If you are self-employed or a working director, we also need the following two documents to verify your income and the business' income and expenses to calculate the monthly benefit payable:	
Business Income Tax Return with the supporting Financial Statement	<p>This is a copy of the business income tax return as lodged with the ATO at the end of the financial year.</p> <p>The Financial Statement is a comprehensive statement that provides information about the business' income, expenses, cashflow, assets and liabilities during the same period.</p> <p>Note: Business Income Tax Return includes the tax return for a company, partnership, and trust.</p>
Profit and Loss Statement (P&L)	<p>This is a statement that details the business' income and expenses during a specific period of time. We need this information to establish whether there are any applicable add-backs in order to calculate the actual net business income you received.</p> <p>Note: We will accept a statement of monthly fixed expenses if a P&L is not available for consideration under Business Expense claim.</p>

Income protection claim inside super

If your Income Protection Cover is held inside superannuation, we also need you to complete an ATO Tax File Number Declaration Form. We need this information to know how much tax to withhold from any benefits paid to you in line with the relevant PAYG tax rates.

Cover inside superannuation

Where cover is held through ClearView ClearChoice Super and ClearView LifeSolutions Super

- We will pay the benefit to the Trustee and the Trustee determines who will receive the benefit in accordance with the governing rules of the Fund and superannuation law. Please refer to the PDS and Policy Document for further details.
- Since the cover is held in a superannuation fund, not only must you meet the policy terms, the Trustee as part of the above determination must confirm that you meet a condition of release as defined in the SIS Act in order to access any benefit that has been paid as a result of a claim.
- The relevant SIS Act conditions of release are death, terminal medical condition, temporary incapacity and permanent incapacity. This may mean that it may take longer to process a claim.
- Cover held in your own Self Managed Superannuation Fund (**SMSF**)
- your SMSF or approved superannuation fund, we pay the benefit to the trustee of the SMSF or approved superannuation fund and they will determine who will receive the benefit in accordance with the governing rules of the SMSF or approved superannuation fund (as applicable) and superannuation law.

Identification requirements

In order to address money laundering and the financing of terrorism, laws have been established which impose significant 'know your customer' obligations upon the Trustee. The Trustee may need to verify the identity of you, your beneficiary or anyone acting on your behalf. The Trustee may also be required to provide information to the authorities about you. If the Trustee is required by law to delay or refuse your request for a transaction and you incur a loss, the Trustee is not liable for the loss.

Code of Practice and Claims Handling Standard for Superannuation Funds Guidance Note

ClearView has adopted the Financial Services Council's Life Insurance Code of Practice (**Code**) and is supportive of the Claims Handling Standard for Superannuation Funds Guidance Note. Together, the Code and the guidance note covers many aspects of your relationship with us, from buying insurance to making a claim. The Code is monitored by an independent committee to ensure effective compliance by life insurers. More information about the Code can be found at: fsc.org.au/policy/life-insurance/code-of-practice

Important information

ClearView ClearChoice and ClearView LifeSolutions is issued by ClearView Life Assurance Limited: ABN 12 000 021 581, AFS Licence No. 227682 (ClearView).

ClearView ClearChoice Super and ClearView LifeSolutions Super is part of the HUB24 Super Fund and is issued by HTFS Nominees Pty Limited (Trustee) ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659. ClearView has been appointed by the Trustee to carry out day-to-day management and administration of ClearView ClearChoice Super and ClearView LifeSolutions Super.

ClearView Life Assurance Limited GPO Box 4232 Sydney NSW 2001

Issued by: ClearView Life Assurance Limited ABN 12 000 021 581, AFS Licence No. 227682

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This information is current as at 25 September 2021. This guide has been prepared by ClearView and is intended to provide general information only. You should read the relevant Product Disclosure Statement and Policy document (PDS) for further information on claim and other requirements. The requirements for a claim can vary according to the particular person's situation and all claims are accepted and benefits paid in accordance with the terms of the policy. The information has been prepared without taking into account any particular person's objectives, financial situation or needs. Before acting on such information, you should consider the appropriateness of the information having regard to your personal objectives, financial situation or needs. In particular, you should seek independent financial advice and you should read the relevant PDS before making any decision about a product. For a copy of the PDS call us on 132 977 or refer to clearview.com.au. You can find the target market determinations for the products at clearview.com.au/tmd