If you are diagnosed with a terminal illness or terminal medical condition, you may be eligible to claim for:
1. Death Cover – terminal illness insurance benefit, and/or
2. the early release of your superannuation balance due to a terminal medical condition.

This document explains how you can make a claim for either or both of the above insurance and superannuation components.

**When can I claim for the early release of my superannuation account benefit?**

If you have been diagnosed with a terminal medical condition you may be eligible for the release of your superannuation benefit. A terminal medical condition exists in relation to a person at a particular time if the following circumstances exist:

- a) a medical practitioner and a medical specialist have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of the certification,
- b) the specialist must be practising in an area related to the illness or injury suffered by the person,
- c) for each of the certificates, the certification period has not ended.

**When can I claim the Death Cover Terminal Illness benefit?**

If under age 70:

- a) a medical practitioner and a medical specialist have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of the certification,
- b) the specialist must be practising in an area related to the illness or injury suffered by the person,
- c) for each of the certificates, the certification period has not ended.

If between age 70 and 75:

- a) a medical practitioner and a medical specialist have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 6 months after the date of the certification,
- b) the specialist must be practising in an area related to the illness or injury suffered by the person,
- c) for each of the certificates, the certification period has not ended.

**Do you have Death Cover insurance?**

Not every HESTA member has Death Cover as part of their membership. Generally, you will not have Death Cover if:

- you're over 75
- you have previously claimed a lump-sum disablement benefit from HESTA unless your Death Cover exceeds any Lump-sum TPD previously claimed
- your cover ceased because your super account balance was too low to pay your insurance fees
- you were ineligible or cancelled your cover
- your insurance was switched off because your account was inactive for 16 consecutive months and you had not chosen to maintain your insurance.

Other limitations may also apply. If you have Death Cover you can claim for both the early release of your superannuation benefit and the Death Cover terminal illness insurance benefit. If you do not have Death Cover, your benefit paid will consist solely of your account balance.

**How does the claim process work?**

1. **Prepare your claim**

   In order to start the claim process we require you to complete a Terminal Illness (TI)/Terminal Medical Condition claim form and provide two medical reports. One report must be completed by your general practitioner and the other by your specialist physician. In addition, diagnostic test reports must be provided – your specialist or general practitioner will need to provide these.


   The checklist overleaf will guide you through the other information you need to provide.

2. **Lodge your claim**

   To help us process your claim as quickly as possible:

   1. check you have completed, signed and dated the claim forms before submitting them
   2. attach the two required medical reports, one of which is a specialist report and the diagnostic test reports
   3. check identification documents have been certified correctly.

   If you need help to complete the forms, call 1800 813 327.

   Any claim for a Terminal Illness insurance benefit will be reviewed by our insurer. Based on all information provided, they will accept, defer or decline the claim. Your claim may be declined if our insurer forms the view you do not satisfy the insurance policy definition based on your specialist physician’s opinion.

   Before a final decision is made, your claim will be reviewed by us to determine if our insurer’s decision was fair and reasonable.

   If you are not eligible to claim the insurance benefit, you may still qualify for early release of your superannuation account balance, in this circumstance some of your superannuation account balance may be retained to maintain your Death Cover.
3. Complaints process
Complaints will be handled promptly, fairly and in strictest confidence.

1. To make a complaint, contact us directly:
   HESTA Complaints Officer
   Attention: Complaints Officer
   Locked Bag 5136
   Parramatta NSW 2124
   1800 813 327

2. If you are not satisfied with our decision, access external dispute resolution:
   Australian Financial Complaints Authority (AFCA)
   The Australian Financial Complaints Authority (AFCA) is an independent body that may be able to assist you to resolve your complaint. This service is provided free of charge. HESTA reviews all complaints and if you’re not happy with the outcome you can send your complaint to AFCA.
   Australian Financial Complaints Authority
   GPO Box 3
   MELBOURNE VIC 3001
   1800 931 678
   www.afca.org.au
   info@afca.org.au
   Visit hesta.com.au/complaints to learn more

How much will it cost?
You will need to pay the cost of obtaining the medical reports you submit to make your claim. No exit fees are charged.

What happens if I receive my super account balance due to a terminal medical condition?
If you’re eligible for the early release of your superannuation account balance due to a terminal medical condition and you also have Death Cover but are unable to qualify for an insurance benefit (e.g. you are between 70-75 and are likely to pass away within 24 months but not within the 6 months required to access your insurance benefit), an amount of $6,000 will be retained so the cost of your insurance fees can be met. You must select to maintain your insurance cover if your account becomes inactive so you don’t lose your insurance benefit.

If you’re eligible for early release of your superannuation account balance due to a terminal medical condition and a Death Cover Terminal Illness benefit, your Death Cover will cease and any optional Lump-sum TPD Cover you may hold will be reduced by the terminal illness benefit paid.

If your death occurs while the Terminal Illness claim is being processed, it will become a death benefit claim.

To provide greater certainty about who receives your benefit when you die, you can make a binding death benefit nomination. A binding nomination requires you to complete a Binding death benefit nomination form available at hesta.com.au/bindingnom.

Tax on benefits
TI benefits may be paid tax free during the period that you are certified to be terminally ill.

Need help?
If you need help with your TI benefit claim, call 1800 813 327.

Help claiming social security benefits
The Welfare Rights Centre is an independent community legal centre specialising in social security law and its administration by Centrelink.

The Centre has a long-standing relationship with HESTA, guiding members through the social security maze when they are off work and need financial help. This free service for HESTA members provides information, advice and assistance to identify and access social security rights and entitlements, including:

- how to apply for Sickness Allowance, Newstart Allowance, Disability Support Pension and the Family Tax Benefit
- how to sort out problems with obtaining entitlements
- how receiving an insured benefit and/or the release of your super account balance could affect social security entitlements.

The above is general information only. It does not constitute legal advice.
If you need legal advice about your social security entitlement, please contact the Welfare Rights Centre on (02) 9211 5300 (Sydney) or call 1800 226 028. The Welfare Rights Centre, Sydney, is a community legal centre which specialises in social security law, administration and policy. It is entirely independent of Centrelink. All assistance is free. For more information, visit welfarerights.org.au

Terminal Illness medical condition and/or Terminal Illness insurance benefit checklist
Your claim cannot be finalised until all of the following documents have been received:

- Completed, signed and dated claim statement and payment authority.

- Copies of most recent pathology and diagnostic reports from the treating specialist where you have Death Cover. (Note: failure to attach diagnostic reports will delay your claim.)

- Two completed medical reports: one from your treating specialist physician and one from your general practitioner.

- A certified copy of your proof of identity document (see Certifying your identification).

- If you have changed your name, a certified copy of your proof of name change.

- If you are requesting payment by EFT, proof of your bank account details, including BSB.
claim statement and payment authority
terminal illness benefit claim

This form enables you to apply for the early release of your account balance and/or any Death Cover benefits you have as a HESTA member.

<table>
<thead>
<tr>
<th>1 Your member details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member number:</td>
</tr>
<tr>
<td>Title: Ms [ ] Mrs [ ] Miss [ ] Mr [ ] Dr [ ] Other [ ]</td>
</tr>
<tr>
<td>Gender: F [ ] M [ ]</td>
</tr>
<tr>
<td>Given name/s:</td>
</tr>
<tr>
<td>Family name:</td>
</tr>
<tr>
<td>Residential address:</td>
</tr>
<tr>
<td>PO Box/Unit number/Street number:</td>
</tr>
<tr>
<td>Street name:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>State/Terr. Postcode:</td>
</tr>
<tr>
<td>Telephone number (home):</td>
</tr>
<tr>
<td>Telephone number (mobile):</td>
</tr>
<tr>
<td>Email (optional):</td>
</tr>
<tr>
<td>Date last worked:</td>
</tr>
<tr>
<td>[DD MM YYYY]</td>
</tr>
<tr>
<td>Date last worked modified duties or reduced hours:</td>
</tr>
<tr>
<td>[DD MM YYYY]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 Payment options (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of account holder:</td>
</tr>
<tr>
<td>BSB number:</td>
</tr>
<tr>
<td>Account number:</td>
</tr>
<tr>
<td>Name of financial institution:</td>
</tr>
<tr>
<td>Branch:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Declaration and acknowledgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I declare that:</td>
</tr>
<tr>
<td>- the information supplied on this form and in the attached documentation is complete and correct</td>
</tr>
<tr>
<td>- I have not withheld any material from HESTA’s insurer.</td>
</tr>
<tr>
<td>I authorise:</td>
</tr>
<tr>
<td>- any person, hospital or doctor I have consulted, or any employer, to give HESTA’s insurer (or its authorised representative) any information it needs to assess this claim</td>
</tr>
<tr>
<td>- HESTA’s insurer to give any information or document relating to this claim to HESTA’s administrator</td>
</tr>
<tr>
<td>- HESTA’s insurer to give any information or document to any medical provider it consults to help assess this claim</td>
</tr>
<tr>
<td>I acknowledge that:</td>
</tr>
<tr>
<td>- if my insurance stops due to insufficient funds in my HESTA account, cover will not be reinstated outside of the terms of the insurance policy</td>
</tr>
<tr>
<td>- payment of my account balance discharges the HESTA Trustee from all liability for this entitlement</td>
</tr>
<tr>
<td>- any decision made by the HESTA Trustee regarding my Terminal Illness claim is independent of any claim on HESTA’s insurance policies and decision made by HESTA’s insurer</td>
</tr>
<tr>
<td>- The HESTA Trustee may report certain information to the Australian Taxation Office upon paying my benefit, as required by law</td>
</tr>
<tr>
<td>- a photocopy of this declaration and authority shall be considered as valid as the original</td>
</tr>
<tr>
<td>I have read and understood the HESTA Privacy Collection Statement and consent to the HESTA Trustee collecting, using and disclosing my personal information.</td>
</tr>
<tr>
<td>I agree to opt-in to maintaining my insurance should my HESTA account become ‘inactive’. I understand I will also be excluded from being transferred to the ATO if I am deemed ‘inactive low balance’.</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>[DD MM YYYY]</td>
</tr>
</tbody>
</table>

Return the completed form with your claim documentation to HESTA, Locked Bag 5136, Parramatta NSW 2124

contact us
hesta@hesta.com.au | 1800 813 327 | Locked Bag 5136, Parramatta NSW 2124 | hesta.com.au

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695. AFSL No. 235249 Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. The information you provide on this form, and any subsequent information you provide to us or our service providers in relation to this form, is collected in accordance with the HESTA Privacy Collection Statement available at hesta.com.au/privacy or by calling 1800 813 327. Where you provide us with personal information about another person, it is your responsibility to notify that person about the disclosure of their personal information to us.
**general practitioner medical report form**

**terminal medical condition and/or terminal illness benefit claim**

Give this form to your general practitioner or medical specialist to complete and return to you. Then mail the completed form to HESTA Insurance and Claims Services, Locked Bag 5136, Parramatta NSW 2124.

### HESTA member to complete

<table>
<thead>
<tr>
<th><strong>HESTA Member number:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member given name/s:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Member family name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Member address:</strong> PO Box / Unit number / Street number</td>
<td></td>
</tr>
<tr>
<td><strong>Street name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Suburb:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State/Terr Postcode:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### General practitioner or medical specialist to complete

**Please return with diagnostic test reports to your patient for submission to HESTA.**

**This member has applied for:**

- early release of superannuation account due to terminal medical condition; and/or
- Death Cover — Terminal Illness insurance benefit.

**Please note:** The member is responsible for any costs involved in obtaining this report.

**Are you the member’s usual medical attendant?**

- **Yes**  
- **No**

1. **What is the exact diagnosis of the condition?**
   
   *(Please attach diagnostic test reports).*

2. **a) What date was this diagnosis made?**
   
   *(failure to attach diagnostic reports may delay this claim)*

   - **Date:**
     
     D D M M Y Y Y Y

   **b) I’ve attached the most recent diagnostic reports**

3. **a) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 months from the date of this report?**

   - **Yes**
   - **No**
   
   **or**

   **b) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 to 12 months from the date of this report?**

   - **Yes**
   - **No**
   
   **or**

   **c) Do you believe that the member has an injury or illness that is likely to lead to their death within 13 to 24 months from the date of this report?**

   - **Yes**
   - **No**

**I hereby certify that I have examined the above named HESTA member and that the statements made in this report are true and correct to the best of my knowledge.**

**Signature:**

**Date:**

D D M M Y Y Y Y

**Qualifications:**

**Provider number:**

**Given name/s:**

**Family name:**

**Contact address:** PO Box / Unit number / Street number

**Street name:**

**Suburb:**

**State/Terr Postcode:**

---

**contact us**

hesta@hesta.com.au  |  1800 813 327  |  Locked Bag 5136, Parramatta NSW 2124  |  hesta.com.au

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medical specialist report form
terminal medical condition and/or
terminal illness benefit claim

Give this form to your medical specialist to complete and return to you. Then mail the completed form to:
HESTA, Locked Bag 5136, Parramatta NSW 2124.

HESTA member to complete

HESTA member number: 

Member given name/s:

Member family name:

Member address:
PO Box / Unit number / Street number
Street name
Suburb
State / Terr. / Postcode

Medical specialist to complete

Please return with diagnostic test reports to your patient for submission to HESTA

this member has applied for:
• early release of superannuation account due to terminal medical condition, and/or
• Death Cover — Terminal Illness insurance benefit.
Please note: The member is responsible for any costs involved in obtaining this report.

Are you the member’s usual medical attendant?
☐ Yes  ☐ No

1. What is the exact diagnosis of the condition? (Please attach diagnostic test reports).

2. a) What date was this diagnosis made?
    
    b) I’ve attached the most recent diagnostic reports (failure to attach diagnostic reports may delay this claim).

Medical specialist to complete (continued)

3. a) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 months from the date of this report?
☐ Yes  ☐ No

or

b) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 to 12 months from the date of this report?
☐ Yes  ☐ No

or

Do you believe that the member has an injury or illness that is likely to lead to their death within 13 to 24 months from the date of this report?
☐ Yes  ☐ No

I hereby certify that I have examined the above named HESTA member and that the statements made in this report are true and correct to the best of my knowledge.

Signature:

Date:

Qualifications:

Provider number:

Given name/s:

Family name:

Contact address:
PO Box / Unit number / Street number
Street name
Suburb
State / Terr. / Postcode

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contact us

hesta@hesta.com.au | 1800 813 327 | Locked Bag 5136, Parramatta NSW 2124 | hesta.com.au
Option 2: Provide certified copies of ID documents

This step-by-step guide details the types of documents we can accept as proof of your identity and what you need to do to certify them correctly.

Hard copy verification

If you select this option you must attach all certified documents.

Acceptable documents

Either

- A certified copy of a primary photographic identification document:
  • current photographic driver’s licence issued under state or territory law (copy of the front and back)
  • current passport (including English translation where required).

- A certified copy of a primary non-photographic identification document:
  • birth certificate
  • citizenship certificate issued by the Commonwealth of Australia
  • pension card issued by Centrelink that entitles you to financial benefits.

and

- A certified copy of a secondary identification document:
  • a notice issued by a local government body or utilities provider within the preceding three months that shows your name and residential address.
  • notice issued by Commonwealth, state or territory government within the past 12 months that shows your name and residential address. For example:
    – Tax Office notice of assessment
    – a notice recording the provision of financial benefits i.e. a Centrelink assistance payment.

or

Name:

Member number (if known): certifying your identification

Proving your identity

To protect you from the risk of identity fraud, you will need to provide certified identification to make a change of name or details, benefit claim, open a HESTA Income Stream or apply for refund of contributions.

You can provide certified documents in hard copy or you can provide consent for us to verify your identity electronically with your accompanying application form.

For IP and TPD insurance claims

If you’re making an IP or TPD claim:

• you need to choose Option 2 (certified copies of ID documents). These documents will be shared with our insurer as part of your claims process.

• send your claim forms and certified ID back to:
  AIA Australia, PO Box 611, Melbourne VIC 3004.

For any other claim, and to avoid any delay in processing your request, please send your claim form and certified ID to HESTA at the address provided at the bottom of this page.

Please provide at least TWO of the following for verification.

Electronic verification

If you select this option you do not have to attach any certified documents. We will do all the checks for you.

I authorise the use of the below information for this purpose (complete ‘Verification of identification’ on this form):

My Medicare number is:

Exp. date: M M Y Y Y Y

I am person number    on this Medicare card

and

My Australian Driver licence number is:

Exp. date: D D M M Y Y Y Y

State of issue:

and/or my Australian passport number is:

Exp. date: D D M M Y Y Y Y

Place of birth:

Country of residence:

Name on citizenship document (if applicable):

Family name at birth:

Option 1: Electronic proof of identity

I consent to the Trustee of HESTA verifying my identification via electronic means including in the event my certified documents have not been correctly certified or if I apply for TPD and have been approved for payment.

Signature:

Date signed: D D M M Y Y Y Y
certifying your identification

Name: ...........................................................................

Member number (if known) ......................................................

Proving your identity

To protect you from the risk of identity fraud, you will need to provide certified identification to make a change of name or details, benefit claim, open a HESTA Income Stream or apply for refund of contributions.

You can provide certified documents in hard copy or you can provide consent for us to verify your identity electronically with your accompanying application form.

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For any other claim, and to avoid any delay in processing your request, please send your claim form and certified ID to HESTA at the address provided at the bottom of this page.

Option 1: Electronic proof of identity

Please provide at least TWO of the following for verification.

Electronic verification

If you select this option you do not have to attach any certified documents. We will do all the checks for you.

I authorise the use of the below information for this purpose (complete ‘Verification of identification’ on this form):

My Medicare number is: .........................................................
Exp. date: MM YYYY

I am person number _______ on this Medicare card and
My Australian Driver licence number is: __________________________
Exp. date: DD MMM YYY
State of issue: __________________________

and/or my Australian passport number is: __________________________
Exp. date: DD MMM YYY
Place of birth: __________________________
Country of residence: __________________________
Name on citizenship document (if applicable): __________________________
Family name at birth: __________________________

Verification of identification

I consent to the Trustee of HESTA verifying my identification via electronic means including in the event my certified documents have not been correctly certified or if I apply for TPD and have been approved for payment.

Signature: ___________________________________________

Date signed: DD MMM YYY

Mail to: HESTA Locked Bag 5136, Parramatta, NSW 2124.
How to certify

The person authorised to sight and certify documents must:

- sight the ORIGINAL and the copy and make sure they are identical, and
- write or stamp ‘certified true copy’ on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.

What does a certified document look like?

Samantha Sample has provided a photocopy of her identification that included signature, full name, date of birth, and current residential address.

- The certifying authority has sighted the original identification, and confirmed that the copy is a true copy.
- Details for the certifying authority are included: full name, qualification, registration number (if applicable), date and signature.

“I certify that this document is a true copy of the original”

Name: Kate Anderson
Qualification: JP
Registration no: 222222
Date: 31 July 2015

What if I don’t certify my identity documents correctly?

If the identification documents you send with your application are not certified or incorrectly certified, we may call you to verify your identity over the phone. If you’re unable to give us enough information to identify you over the phone, you may need to resend certified proof of identity documents. This will lead to delays in processing your application.

Alternatively you can give your consent for electronic verification of your documents to be completed in the event that your documents have not been correctly certified, please sign the consent section under ‘Verification of identification’.

Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

Who can certify my identification document?

For a full listing of people who can certify your documents, see Schedule 2 of the Statutory Declarations Regulations 2018. Some of the people who can certify copies of originals as true copies are:

- a medical practitioner
- a nurse
- an optometrist
- a psychologist
- a pharmacist
- a chiropractor
- a veterinary surgeon
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed full time or part time basis at a school or tertiary institution
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public
- a police officer
- a Justice of the Peace
- a magistrate
- a bank officer with 5 or more continuous years of service
- a marriage celebrant
- a member of the Governance Institute of Australia Ltd
- a permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- a SES employee of the Commonwealth.

contact us

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