

# Super Savings Insurance Claims guide – Total & Permanent Disability

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This *Claims guide* provides information about making an insurance claim.

For specific information about insurance cover, including eligibility and the terms and conditions that apply, you should refer to the applicable *Insurance guide* (*Super Savings*, *Super Savings - Business* or *Super Savings - Corporate*). Contact us if you're not sure which would apply in your situation.

#### General advice disclaimer

This document contains general information only and doesn't take into account your personal objectives, financial situation or needs. You should consider the appropriateness of the information in this document with regard to your objectives, situation and needs. You should consider the *Product Disclosure Statement* before making a decision. Visit [australianretirementtrust.com.au/pds](https://australianretirementtrust.com.au/pds), your employer's *Super Savings - Business* or *Corporate* microsite, or contact us for a copy.

#### Protecting your privacy

Australian Retirement Trust respects the privacy of the information you give us. If you require a copy of our Privacy Policy visit [australianretirementtrust.com.au/privacy](https://australianretirementtrust.com.au/privacy) or contact us.

# 1. Total & Permanent Disability claim

We understand that being unable to work can be a difficult and uncertain time for you. We will strive to ensure that we provide you with all options available and in the event you need to lodge a claim we aim to have it processed in a timely manner, so you can receive a decision as quickly as possible.

## What is a Total & Permanent Disability claim?

A Total & Permanent Disability claim is a request for your Australian Retirement Trust superannuation account balance and Total & Permanent Disability insurance cover, where you have become totally and permanently disabled.

If you don't have Total & Permanent Disability insurance with Australian Retirement Trust, you may be able to claim your superannuation balance as a Permanent Incapacity benefit.

## Do I need a lawyer?

Our claims process has been designed to make it as easy as possible. So that in most cases, you or your family should not require the assistance of a lawyer when making a claim. If you are thinking about seeking legal help, we recommend that you first determine the costs involved in doing so and how they will impact your benefit payout. We recommend that you contact us before seeking help from a lawyer.

## How is Total & Permanent Disability defined?

Total & Permanent Disability generally means that you will be unable to ever work again in any occupation for which you are suited by training, education or experience. The Total & Permanent Disability definition will depend on the insurance policy that applies to you, as set out in your *Super Savings Insurance guide*, *Super Savings - Business Insurance guide* or your *Super Savings - Corporate Insurance guide*.

Total & Permanent Disability insurance is paid as a lump sum benefit. A Waiting Period would apply to most claims.

## What is the claims process?

The claims process typically has six key steps:

- 1. Contact us** – The sooner you contact us the sooner we can assist you.
- 2. Eligibility check** – We will ask you to provide us with some information relating to your claim. This will allow us to provide you with the correct claim pack. We will email the claims pack to you by the next business day or, if you require hard copy forms, we will send these within 5 business days.  
If we assess that you are not eligible to make a claim, we will explain this in writing and give you the opportunity to provide more information so that we can review your eligibility.
- 3. Claims pack** – Australian Retirement Trust Claims packs are tailored to the condition or event you may be claiming. It is important you provide us with as much information as possible and submit your claim as soon as you can to enable us to commence your claim.
- 4. Claim assessment** – Once Australian Retirement Trust has received all your required claim information, our insurer will commence their assessment process. Our promise to you is that we will provide you with regular updates throughout your claim.
- 5. Trustee review** – The Trustee of Australian Retirement Trust is committed to ensuring that the assessment you receive from the Insurer is fair and transparent, and that all final claim decisions are fair and reasonable. We have a dedicated team who review your claim, and will request any clarification or challenge decisions on your behalf, or in some cases, seek further information from you to support your claim.
- 6. Confirmation** – We will contact you with the outcome of your claim.

## Need some financial advice?

When you make a claim, or receive an insurance benefit, not only is it likely to be a difficult time, but it can be hard to know what your next step is. You may need help with a tailored financial plan or help in moving into a new or different phase of your financial life after a major event and/or insurance payout. You don't need to panic and you don't need to be rushed into a course of action.

Speak to your adviser to get the advice you need. If you don't have your own personal financial adviser and you need advice about your *Super Savings account*, Australian Retirement Trust also has qualified financial advisers<sup>1</sup> who can help you over the phone with simple advice about your *Super Savings account*. This service is included in your membership fee. If the advice you need is more complex or comprehensive in nature, we may refer you to an accredited external financial adviser<sup>2</sup>. Advice of this nature may incur a fee.

<sup>1</sup> Australian Retirement Trust employees provide advice as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), wholly owned by Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide (pdf) for more information.

<sup>2</sup> Australian Retirement Trust has established a panel of accredited external financial advisers who are not employees of Australian Retirement Trust. Australian Retirement Trust is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.

## 2. How do I make a Total & Permanent Disability Claim?

If you believe you may be eligible to claim a Total & Permanent Disability benefit, we are here to help you throughout the claims process. There are three major steps that you need to complete in order to submit a Total & Permanent Disability claim and they are explained in detail within this *guide*.

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### 1. Contact us on 13 11 84 - We're here to help at no cost to you

At your earliest convenience contact us, via Member Online or by calling 13 11 84.

#### Easy online service

Australian Retirement Trust has an online **Claims Eligibility Tool** that allows you to contact us at your earliest convenience 24 hours a day, 7 days a week.

The online **Claims Eligibility Tool** allows you to notify Australian Retirement Trust of your need to claim, provides you with information of your type of cover and any claim requirements, and allows you (if eligible) to lodge your claim electronically via **eClaims**.

#### Contact us on 13 11 84

Our experienced Claims Representative will guide you through the process of a Total & Permanent Disability claim.

The Claims Representative will:

- confirm details of your Australian Retirement Trust membership, including member number, and date of birth, provide you with details of your current account balance and insurance cover,
  - request from you the details of your injury/illness, the date on which your injury first occurred or your illness first presented itself, the detail and date of your diagnosis, details regarding your work status, the date you last worked and the amount of hours you worked per week leading up to your injury or illness,
  - discuss with you any options you may have or refer you to an expert to discuss early assistance,
  - explain to you the documents and information you need to provide for the claim to be assessed, and
  - provide any claim forms (known as a 'claims pack') you need to complete or if eligible, a link to **eClaims** to lodge your claim online.
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### 2. The necessary information explained

#### What you will need to provide for your Total & Permanent Disability claim

Completing your claim application forms is an important step in your claim process. The details and evidence you provide will form the basis upon which the Insurer makes their decision. Providing us with all the information we require and completing your forms correctly will speed up your claims process. If information is missing or incomplete, we will need to contact you to ask for it, which will delay your claim.

Please call us on **13 11 84** if you need any assistance with completing your claim forms.

#### Certified proof of your identity

You must provide certified proof of your identity (for example, a certified copy of your driver's licence or passport).

**Why?** For security purposes we need to be sure of the identity of the individual who is submitting the claim. Understandably, you won't want to send us your original documents, so we ask that you have a copy certified by an authorised person.

**Tip:** See the Proof of Identity Requirements section in this *guide* for information on what forms of ID are suitable and how to have a copy certified.

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### 3. Complete and return your Total & Permanent Disability claim documents

Please carefully read all information we send to you and take the time you need to gather the information required to complete the claims process. You will need to answer several questions and provide us with additional information.

Once you have obtained all the necessary information and completed the Total & Permanent Disability claim forms, return these to Australian Retirement Trust at your earliest convenience, and this will commence your assessment.

We recognise that this may be a daunting task and our Claims Representatives are here to help you every step of the way.

Australian Retirement Trust has introduced an online claims tool that allows claims to be lodged electronically. The **eClaims** tool lets members lodge and monitor their claims online. It also provides third parties (i.e. employers and doctors) with the capability to complete and submit claim information directly online for the insurer to assess. It's designed to help simplify the process and reduce the time taken to finalise the claim.

Please call us as soon as you are able to on **13 11 84**, if you would like help making a claim or have any questions.

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### 3. Australian Retirement Trust claims philosophy

We adopt a professional, compassionate and respectful approach to claims management by actively keeping customers at the heart of everything we do.

Each claim is unique and we are sensitive to our customers' needs at a difficult time - be it due to an illness or injury, or due to the loss of a loved one. As our member's advocates, we will do everything that is fair and reasonable at a time when you need it most.

We are committed to being easy to deal with and providing exceptional levels of service to all of our customers.

We seek to be industry leading and innovative in our approach to claims management whilst ensuring we are fair and reasonable to all stakeholders.

#### The role of the Insurer

The Insurer will assess your Total & Permanent Disability claim against the appropriate policy. The insurer will use the information you, your employer and your treating doctor/s provide when making its assessment.

#### The role of the Trustee of Australian Retirement Trust

The Trustee of Australian Retirement Trust has a duty to act in the best interests of the fund's members and is bound by the covenants in the Superannuation Industry (Superannuation) Act 1993.

We will be responsible for overseeing the conduct of the insurer and any Service Provider we engage in the claims process. We will proactively engage with other parties in the claims process, such as any representative that you engage, to minimise delays and remove unnecessary duplication from the process.

All claims declined by the Insurer are referred to the Trustee of Australian Retirement Trust for review and consideration.

If the Trustee does not agree with the insurer's decision to decline a claim they will request the insurer reconsider the decision and/or provide additional information to support their decision.

The Trustee of Australian Retirement Trust will also oversee that payments for approved claims are made according to payment instructions.

### 4. What does the Total & Permanent Disability 'claims pack' contain?

The claims pack includes a number of forms that you need to complete when making a claim for Total & Permanent Disability. Some of the included forms are explained below. Please do not hesitate to contact us if you have any questions about these forms, as we want to ensure that your claim is progressed as quickly as possible.

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#### 1. Initial claim form

**What is this form for?** This form is to be completed by you. It includes your contact information, employment details and basic details about your injury or illness.

It will ask specific details about the work you were performing leading up to your injury or illness, how your injury or illness has affected your ability to work, whether you've had a similar condition before and whether you intend to claim other benefits.

**Tip:** You must provide us with several pieces of information and these tips will help you to find them.

- The 'Trading name of last employer' will be detailed on your payslip or your Payment Summary (group certificate) – the trading name of your last employer may not be the name you know your employer as, so please check this carefully.
- 'Fund of choice' means the superannuation fund your employer was paying into at the time of your injury or illness.

If you are unsure about the dates and hours you worked, we recommend that you contact the Human Resources department of your (previous) employer or refer back to your payslips.

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#### 2. Medical Attendant's statement form

**What is this form for?**

This form is to be completed by the doctor who treated you at the time of your diagnosis. Their statement will describe the nature and extent of your injury or illness and provide evidence for it (such as medical records, test results etc.).

**Please note:** So that we can make the process of lodging your claim as easy as possible, in some instances our Insurer will contact your treating doctor directly for completion of this form. If this is the case, this form will not be sent to you as it will be sent directly to your doctor.

**Tip:** We recommend that you contact your doctor and let them know that you are in the process of making a Total & Permanent Disability claim. You may be required to make an appointment with your doctor to have them complete this statement. Please note that you will be responsible for the costs of this appointment.

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### 3. ***Employer statement form***

#### **What is this form for?**

This form is to be completed by the employer with whom you were employed at the time of your injury or illness. They will need to provide information about the types of duties you performed in your role.

**Tip:** We recommend that you contact the Human Resources department or your direct manager from your (previous) employer, as this form must be completed by an authorised person.

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### 4. ***Payment instruction form***

#### **What is this form for?**

This form asks how you would like to receive your benefit payment should your claim be approved.

**Tip:** Providing this information to us at the start will ensure that you can receive your payment without delay if your claim is approved. If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial planners who can assist you to make the best decision for your individual circumstances, just contact us.

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### 5. ***Centrelink Authority to Release Personal Information form***

#### **What is this form for?**

If you receive Centrelink benefits, you will be required to complete this form to give authority to Australian Retirement Trust and its Insurer to obtain information about your benefits. This form allows the Insurer to access any information or medical reports held by Centrelink which may help with the assessment of your claim.

**Please note:** This form is not required in every instance and will only be included where necessary.

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### 7. ***Authority to release personal Medicare and Pharmaceutical Benefits Scheme (PBS) claims information form***

#### **What are these forms for?**

These forms provide authority for release of information from both Medicare and the Pharmaceutical Benefits Scheme (PBS) directly to the Insurer to assist them with the assessment of your claim.

**Please note:** These forms are not required in every instance and will only be included where necessary.

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### **Why so many questions?**

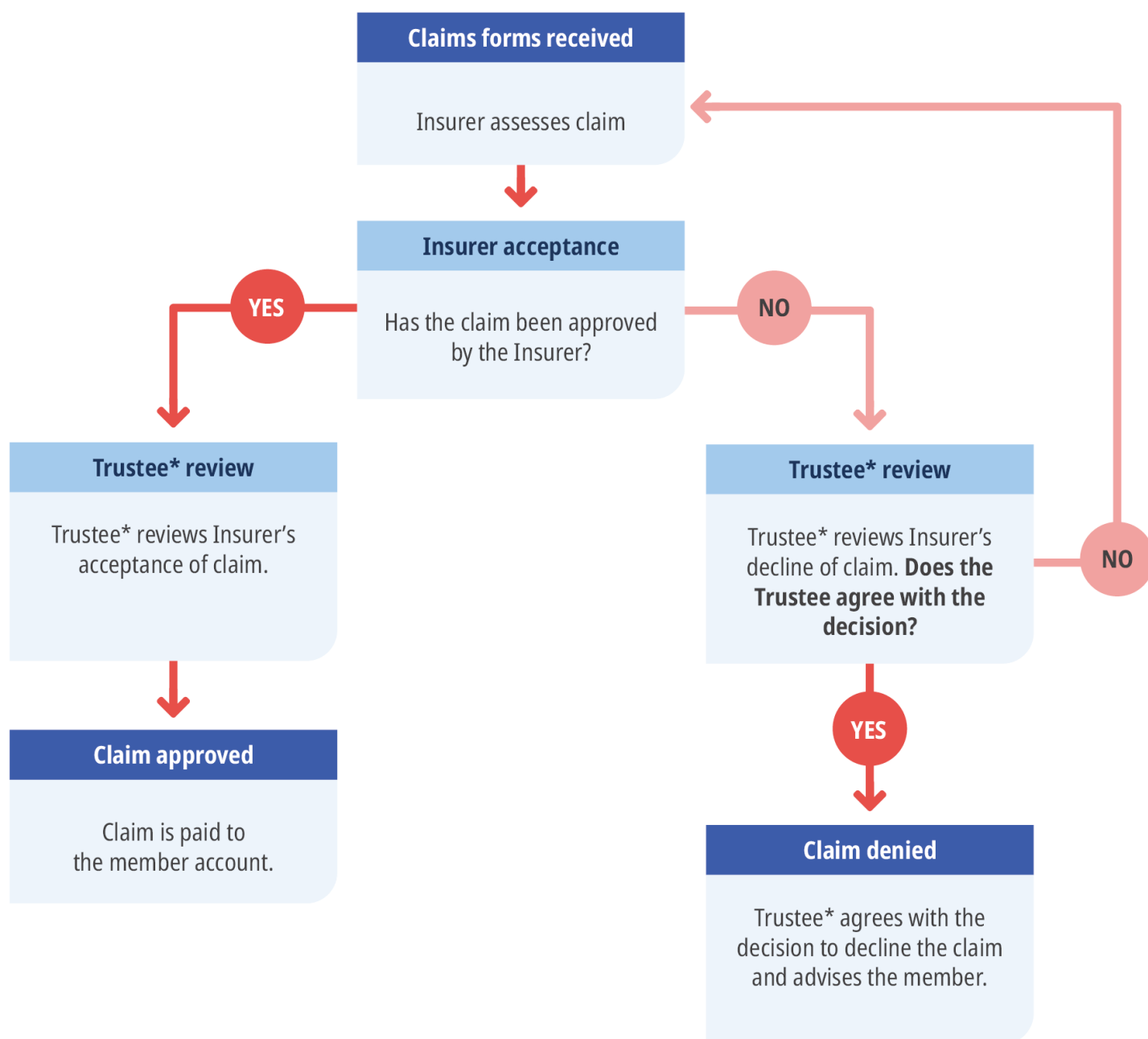
In order to properly assess your claim, the Insurer requires detailed information from you, your employer and your doctor.

While we recognise that your claim requires a number of questions to be answered, collecting as much information as possible at the start will help validate your claim and speed up the process.

We understand that this may be a daunting task and our Claims Representatives are here to help you every step of the way. If you require assistance, please contact us.

## 5. The Total & Permanent Disability claim assessment process

The process outlined below applies for members claiming on Total & Permanent Disability cover in *Super Savings* where disablement occurred before 1 July 2016, or for Tailored Total & Permanent Disability cover in *Super Savings* , or for *Super Savings - Business* or *Super Savings - Corporate* members.



\*Trustee of Australian Retirement Trust

**Please note:** The process for Permanent Incapacity claims (where there is no insurance) is similar to the above but does not involve the Insurer.

### Claim forms are received

Once we have received your claim forms, within 5 business days we will acknowledge receipt of your claim and a Claims Representative will review your application to make sure we have everything we need. If there is anything missing we will ask you for any further information we require. Once we have received all the information we require for this initial stage, the insurer can begin the assessment of your claim. Throughout the life of the claim, a Claims Representative will keep you updated on its progress.

If you have a query about your claim while it is being assessed, we will respond with an acknowledgment by the next business day and with a full response within 10 business days. You will receive progress updates at least every 20 business days (unless a different timetable is agreed with you). If there are any issues delaying assessment of your claim, we will let you know what these are.



## Insurer assesses claim

The Insurer will use the information you, your employer and your treating doctor provide when making its assessment.

The Insurer may also:

- ask for additional reports from your doctor/s,
- ask you to provide more information,
- ask your employer for more information, and/or
- make an appointment for you to have a medical examination with an independent specialist/s.

The Insurer will pay for any additional medical reports they request and examinations they arrange for you to attend.

Once all required information has been collected, the Insurer will assess your claim and decide whether your claim meets the relevant Total & Permanent Disability definition, it will 'accept' or 'decline' your claim.

We will oversee the progress of the claim to minimise delays and intervene if we become aware that the insurer is not complying with the timeframes provided in the Financial Services Council Insurer Code. If the insurer tells us that it cannot make a decision in the required timeframes because necessary information has not been provided, we will tell you the revised timeframes. If we become aware of any errors or mistakes in the claim or in the information requested, these will be addressed promptly. We may request more information to correct errors or mistakes.

## Claim is accepted by Insurer

If your insurance claim is accepted by the Insurer, the insurance proceeds will be paid to Australian Retirement Trust and initially invested in the Cash investment option.

## The Trustee of Australian Retirement Trust reviews Insurer's acceptance of claim and makes payment

The Trustee of Australian Retirement Trust will review the Insurer's decision within 5 business days. A Claims Representative will then contact you to advise that your claim has been approved. We will also contact you for payment instructions and pay your benefit according to your payment instructions. Should we not receive payment instructions within 28 days, the payment will be invested as per your current investment strategy.

You have the choice of taking the payment in cash (paid into your bank account or via cheque), leaving it in your *Super Savings account* or rolling it over to another approved superannuation fund.

If you choose to take your benefit in cash, you'll receive notification and details of the payment. PAYG tax will be withheld from your benefit where applicable.

If you choose to leave your benefit in Australian Retirement Trust, any insurance proceeds will be moved into your chosen investment option(s).

**Please note** that if your claim is successful, you will no longer be eligible to receive other default insurance cover from Australian Retirement Trust. To obtain cover in the future you would need to re-apply for cover and provide evidence of your health. Your application would be subject to acceptance by the Insurer.

If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial advisers who can assist you to make the best decision for your individual circumstances, just contact us.

## Claim is declined by Insurer

If your insurance claim is declined by the Insurer, it will be referred to the Trustee of Australian Retirement Trust for review and consideration. We will carry out a review within 15 business days.

If the Trustee of Australian Retirement Trust disagrees with the decision of the Insurer and believes that your claim should be reassessed, your claim will be referred back to the Insurer for their reconsideration, within 5 business days of completing our review. A Claims Representative will contact you to advise you of the next steps.

## The Trustee of Australian Retirement Trust reviews Insurer's decline of claim

If the Trustee of Australian Retirement Trust agrees with the Insurer's decision to decline your claim, A Claims Representative will contact you to advise you of this outcome, within 5 business days of completion of our review.

If you disagree with this decision, you can lodge a complaint with Australian Retirement Trust. Your complaint will be investigated.

# 6. Complaints

If you are unhappy with our service or super fund, we offer a complaints resolution process at no additional cost to you.

Contact us to discuss your complaint:

Customer Service Team: **13 11 84**

Australian Retirement Trust Customer Relations

GPO BOX 2924

Brisbane QLD 4001

**[australianretirementtrust.com.au/contact-us](http://australianretirementtrust.com.au/contact-us)**

We will do everything we can to resolve the issue as quickly as possible. If you are not happy with our response, you can contact the Australian Financial Complaints Authority (AFCA).

This is an independent body set up by the Federal Government to help resolve disputes between financial institutions and their customers.

You can choose to take your complaint directly to AFCA. In some circumstances, AFCA may refer your complaint back to Australian Retirement Trust.

AFCA's contact details are as follows:

Australian Financial Complaints Authority

GPO Box 3

Melbourne, Vic 3001

Phone: 1800 931 678

Email: [info@afca.org.au](mailto:info@afca.org.au)

Web: **[www.afca.org.au](http://www.afca.org.au)**

Access to AFCA is free of charge.

AFCA will advise you if they can deal with your complaint, and if so, what information you need to supply. It is possible that AFCA cannot deal with your matter.

For up-to-date information on the complaints resolution process, refer to **[australianretirementtrust.com.au/complaint](http://australianretirementtrust.com.au/complaint)**



## 7. Frequently asked questions about Total & Permanent Disability claims

### When can I make a Total & Permanent Disability claim?

If you are claiming for Total & Permanent Disability, this means that you have been and are still suffering from an ongoing and serious injury or illness that is permanently preventing you from working or from performing daily activities. To apply for a Total & Permanent Disability claim, you must satisfy the definition of 'Total & Permanent Disability' and may need to meet the Waiting Period requirements. For definitions, refer to your *Insurance guide (Super Savings, Super Savings - Business or Super Savings - Corporate)*.

### What is considered in the assessment of a Total & Permanent Disability claim?

Having insurance cover doesn't automatically mean that you will receive a payment. The assessment process takes into account the definition of Total & Permanent Disability in place at the time you ceased work, your current job or occupation, any education, training and work experience you have, and the impact that your injury or illness will have on your ability to work again. The Insurer will contact your employer and your doctors to obtain information and they may also send you for additional tests and/or examinations to a doctor of their choice. Total & Permanent Disability definitions vary between superannuation funds.

Sometimes you may be eligible for a benefit from one fund but not from another fund.

If you don't have insurance with us, you may still be able to claim your super balance as a Permanent Incapacity benefit. Permanent Incapacity is defined in the Superannuation Industry (Supervision) Regulations 1994 (Cth).

Members suffering from Terminal Medical Conditions may also be able to access their super balance. For more information contact us.

### What if I am not sure I have insurance?

- Login to **Member Online** and check your details,
- review your most recent statement, or
- call us on **13 11 84**.

### Why does it take so long?

There are many steps involved in assessing a claim. The process is lengthy and can take a number of months. We and the Insurer need to assess all relevant facts, including information from you, your employer, your doctor and medical specialists to ensure that the correct decision is made.

### Is there a Waiting Period?

A Waiting Period may apply depending on the insurance policy, as outlined in your *Insurance guide (Super Savings, Super Savings - Business or Super Savings - Corporate)*.

The current Waiting Period for a Total & Permanent Disability claim, where one applies, is usually three months. This means that you must have been absent from work as a result of your injury or illness for a period of three months or more before you can lodge a Total & Permanent Disability claim.

### How long do I have to lodge a claim?

The sooner you contact us regarding your intent to claim, the quicker we can explore how we may assist you.

Please contact us as soon as you are able, if you would like help making a claim or have any questions.

### What happens if I have a self-inflicted injury?

In some instances, you will not be eligible to make a Total & Permanent Disability claim if your injury or illness is caused by an intentional self-inflicted act. Please contact us, to check if this applies to you.

### How much will it cost?

To enable our Insurer to assess your claim, you'll need to provide medical evidence to support your application. The cost of any information required to initiate the claim process is to be met by you. This includes having a doctor complete a Medical Attendant's statement (if applicable). If the Insurer requests additional information or reports from your doctor, or requests an independent medical examination, the cost of these will be paid by the Insurer.

### What happens if I am receiving Income Protection payments?

If you are receiving Income Protection payments, these will continue as long as you satisfy the terms of the Income Protection claim policy.

### What if I am self-employed?

The process of making a claim remains the same irrespective of whether you work for an organisation or work for yourself.

### What if I am unemployed?

The assessment of your Total & Permanent Disability claim may be based on a different definition than if you were working. For definitions, refer to your *Insurance guide (Super Savings, Super Savings - Business or Super Savings - Corporate)*.

## 8. Proof of identity requirements

Australia's \$2 trillion plus combined superannuation value represents a large and growing temptation for criminals, with identity theft the biggest risk when it comes to safeguarding your money; and no-one is immune.

That's why super funds will ask you to provide certain information and documents about your identity when you request money from an account. We need to be sure that the super belongs to the person making the claim. Getting your identity documents together to access this money may seem like an unnecessary hassle, but we can assure you it's essential, protecting you is our top priority.

### When do you need to prove your identity?

All super funds, including Australian Retirement Trust, will ask you to provide certified identification before paying any money out. If you cannot provide us with one of the primary identification documents outlined on this page, then we may accept two of the documents listed in the table on the following page, one document from each column. It's important to note we cannot accept documents that have expired.

We also reserve the right to request additional information to verify your identity before paying your benefit claim.

### What is an acceptable identification document?

Any one of the following documents will be accepted as primary identification:

- a current driver's licence or permit issued under a law of a State or Territory, or equivalent authority of a foreign country, that contains your photo, name, residential address and date of birth (please copy and certify both front and back sections if relevant),
- a current passport issued by the Commonwealth,
- a card issued under a law of a State or Territory for the purpose of proving the person's age which contains your photo, name and date of birth (please copy and certify both front and back sections if relevant), or
- a current passport or a similar document issued for the purpose of international travel or a national identity card issued for the purpose of identification that:
  - (a) contains your photo, name and signature,
  - (b) is issued by a foreign government, the United Nations or an agency of the United Nations, and
  - (c) if written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.

If you don't have any primary identification, see the following table for acceptable forms of secondary identification.

<p><b>One document from this column</b></p> <ul style="list-style-type: none"> <li>• A birth certificate or birth extract issued by a State or Territory</li> <li>• A citizenship certificate issued by the Commonwealth</li> <li>• A citizenship certificate issued by a foreign government</li> <li>• A birth certificate issued by a foreign government, the United Nations or an agency of the United Nations</li> <li>• A pension card issued by the Department of Human Services that entitles you to financial benefits</li> <li>• A healthcare card issued by the Department of Human Services that entitles you to financial benefits</li> </ul>	<p><b>PLUS</b></p>	<p><b>One document from this column</b></p> <p><b>A notice that was issued to you by the Commonwealth, a State or a Territory within the preceding 12 months</b></p> <ul style="list-style-type: none"> <li>(a) contains your name and your residential address, and</li> <li>(b) records the provision of financial benefits to you under a law of the Commonwealth, State or Territory (as the case may be).</li> </ul> <hr/> <p><b>A notice that was issued to you by the Australian Taxation Office within the preceding 12 months</b></p> <ul style="list-style-type: none"> <li>(a) contains your name and your residential address, and</li> <li>(b) records a debt payable to or by you to the Commonwealth under Commonwealth law relating to taxation.</li> </ul> <hr/> <p><b>A notice that was issued to you by a local government body or utilities provider within the preceding three months</b></p> <ul style="list-style-type: none"> <li>(a) contains your name and your residential address, and</li> <li>(b) records the provision of services by that local government body or utilities provider to your address or to that person.</li> </ul> <hr/> <p><b>In relation to a person under the age of 18, a notice that was issued to you by a school principal within the preceding three months</b></p> <ul style="list-style-type: none"> <li>(a) contains your name and your residential address, and</li> <li>(b) records the period of time you attended the school.</li> </ul>
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**Note:** If any of the approved documents have been issued by a foreign government and are written in a language that is not understood by the person carrying out the verification, the documents must be accompanied by an English translation prepared by an accredited translator.

### What if you've recently changed your name?

If you have changed your name and have not yet advised us, you will need to provide what is called a 'linking document'. A linking document is used to prove a relationship exists between two (or more) names.

Examples of acceptable linking documents are:

- Certificate from the Births, Deaths and Marriages Registration Office or relevant government source from the issuing country (i.e. marriage certificate or change of name)
- Deed poll or decree nisi (divorce certificate)

### What do we mean by certified?

We understand you'll want to provide us with copies of your identification documents rather than the originals. That's fine, but you must have them 'certified' as a true copy of the original. This means a person who is authorised to certify documents must sight the original and the copy of the documents to make sure both documents are identical and then 'certify' all copied pages as true copies by writing or stamping 'certified true copy' on them. They must also sign and print their name on the document and record their qualification (e.g. Justice of the Peace) and the date.

### Who can certify your identification documents in Australia?

Only certain people are authorised to certify documents in Australia. Approved people include those who are currently authorised to witness a statutory declaration under the Statutory Declarations Regulations 2018 (Commonwealth), Schedule 2, Part 1 and Part 2.

### People authorised to certify your documents include:

- Health professional, such as a Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist
- Legal professional, such as a Legal practitioner, Patent attorney, Trade marks attorney
- Teacher (full-time) at a school or tertiary education institution
- Accountant (member of ICA, ASA, IPA or CPA, ATMA, NTAA)
- Veterinary surgeon
- Bank officer, building society officer, credit union officer, finance company officer – employed for five years or more
- Justice of the Peace, Commissioner for Declarations, or Commissioner for Affidavits
- Police officer, sheriff or sheriff's officer
- Notary public
- Those who hold a Court position, such as a Bailiff, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of a court, CEO of a Commonwealth court
- Government representatives (elected): Federal, State or Territory or Local
- Public servants: Federal, State or Territory or Local – employed for five years or more
- Minister of religion, or marriage celebrant

If you are unable to locate any of the above certifiers, others may be accepted. We recommend you contact us to confirm who else we will accept as a certifier.

## What if you live overseas?

If your claim is submitted from outside Australia, we still require certified identification documents before we can pay out your benefit.

The list of acceptable documents is still the same; however, we can only accept certified identification documents that are signed by one of the following:

- Australian consular officer,
- Australian diplomatic officer,
- Police officer of an overseas force,
- Notary public,
- Judge of a Court or magistrate in an overseas jurisdiction,
- International Justice of the Peace (JP),
- Registrar or deputy registrar of a Court, or
- Commissioner of oaths.

The person who is authorised to certify documents must sight the original and the copy to make sure both documents are identical and then 'certify' all copied pages as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. police officer) and date. We also require evidence of the certifier's status.

**Examples of what is acceptable include:**

Qualification	Certification required
Police officer	Details of their police badge number
Judge or magistrate	Certificate of their appointment to their position
Justice of the Peace	Justice of the Peace stamp or number

## What does a certified identity document look like?

This is what a certified proof of identity document should look like:

1. Copy of the document that identifies you, (i.e. your passport or driver's license – front and back)
2. Write or stamp "certified true copy" of original document
3. Authorised person's stamp and registration number (if applicable)
4. Have the authorised person sign the document
5. Name, qualification, phone number and address of authorised person, and
6. Date of authorisation





### Contacting us is easy



[australianretirementtrust.com.au/contact-us](https://australianretirementtrust.com.au/contact-us)



13 11 84 (+61 7 3333 7400 when overseas)



GPO Box 2924 Brisbane QLD 4001

### Need assistance? Call our translation service on 13 14 50 and follow the prompt.

Hai bisogno di assistenza? Chiama il nostro servizio di interpretariato telefonico al 13 14 50, e su richiesta conferma la tua lingua "italiano".

如需協助，請撥打13 14 50 使用我們的翻譯服務，並在聽到提示後說普通話。

Cần sự trợ giúp - gọi điện cho dịch vụ thông dịch của chúng tôi số 13 14 50 - và nói "Vietnamese" (Tiếng Việt) ở cầu nhắc

통역이 필요하세요? 13 14 50으로 전화하셔서 '한국어' 혹은 'Korean' 이라고 말하세요.

لصت اذدع اسم الما لي ل ت ج ت ح ا ا 131450 " ك ي ا ر ا " ل و ق ب ة ي ب ر ع ل ا ر ا ت خ ا و ، ر ا ي ت خ ا ل ا ا ط ا ع ل د ن ع  
ي ل ع ة ح ا ت ا ل م ا ل ة م ج ر ت ل ا ة م د خ ب

This document is prepared and issued by Australian Retirement Trust Pty Ltd, the issuer and Trustee of Australian Retirement Trust (referred to as "the Fund" or "Australian Retirement Trust"):

Australian Retirement Trust Pty Ltd  
ABN 88 010 720 840  
AFSL No. 228975

Australian Retirement Trust  
ABN 60 905 115 063  
Unique Super Identifier (USI) 60 905 115 063 003  
MySuper Authorisation 60 905 115 063 256



On 28 February 2022 Australian Retirement Trust was formed through a merger of Sunsuper and QSuper. Sunsuper members were transferred to the *Super Savings* products offered within Australian Retirement Trust. The *Super Savings* products adopted the features and investment strategies of the corresponding products in Sunsuper. Sunsuper had previously received the above awards and held the above ratings at the time of the merger. For further information on the ratings methodology used and awards refer to [australianretirementtrust.com.au/awards](https://australianretirementtrust.com.au/awards)