

TAL Claims

**SUPPORTING YOU AND
YOUR CLIENTS THROUGH
THE CLAIMS JOURNEY**



ABOUT THIS GUIDE

For over 150 years, TAL has been helping Australians protect themselves, their loved ones and their future with confidence, no matter what happens.



Together with our partners, we insure around 4.5 million Australians and their families, helping them look after what matters most.

As Australia's largest life insurer¹, we know that delivering on our promise to support your clients through the claims we pay is the most important thing we do.

In this Claims Brochure you'll find:

- our Claims Philosophy
- our support services for you and your clients during the claims journey
- our claims procedure, and
- information we need from your clients to process their life insurance claims in a timely manner.

OUR CLAIMS PHILOSOPHY

We will deliver on the promise we make to every customer, ensuring they understand and feel confident in how we will handle their claim



OUR CLAIMS PHILOSOPHY IN ACTION

We want to help Australians keep living the life they love. We know that no two claims are the same and that making a claim can be an unfamiliar experience at a challenging time. That's why we are committed to offering your clients guidance and support when they need it most.

We aim to support your clients in five key areas. They are:

1

Claiming with confidence

Your client will be allocated one key point of contact within our dedicated claims team.

We'll support them through their claim, discuss the options available, and make sure they know how and when their claim will be assessed.

2

Ensuring your client is understood

Your client's unique story is important to us.

Our aim is for your client to feel heard; to ensure we do all that we can and if they do need extra support, the support services we offer match their needs.

3

Removing complexity

We will prepare in advance before contacting your client.

We'll aim to limit paperwork as much as possible and make decisions as quickly as possible to make things simple for them.

4

Setting expectations

Our aim is to be as clear as possible with your clients about their claim and to call when we say we will.

We'll only ask for the information we need, and we won't ask for them to prove things we already know.

5

Treating your client fairly

Doing the right thing by your client underpins all we do.

They'll have the time they need to talk through their claim. They'll be offered different ways to provide information to support their claim and we'll explain why we made our decision.

OUR COMMITMENT TO CLAIMS



Last financial year, we paid

\$2.7 billion

in claims to 39,628 customers. Of the total volume of claims accepted,

71%

helped our customers continue living their lives while recovering from an illness or injury².

Supporting our customers and their families through the claims we pay is the most important thing we can do



THE MOST COMMON REASONS FOR ACCEPTED CLAIMS²



Mental Health Conditions

Including Post-Traumatic Stress Disorder and Depression



4% Life Insurance
25% Total & Permanent Disability Insurance
71% Income Protection



Cancer

Including Breast and Pancreatic Cancers



48% Life Insurance
5% Total & Permanent Disability Insurance
5% Critical Illness Insurance
42% Income Protection



Injuries and Fractures

Including Joint Dislocation and Bone Fractures



5% Life Insurance
17% Total & Permanent Disability Insurance
78% Income Protection



Musculoskeletal and Connective Tissue Conditions

Including Back Pain and Sciatica



1% Life Insurance
29% Total & Permanent Disability Insurance
70% Income Protection



Conditions of the Circulatory System

Including Heart Attack and Stroke



57% Life Insurance
9% Total & Permanent Disability Insurance
4% Critical Illness Insurance
30% Income Protection

OTHER REASONS FOR ACCEPTED CLAIMS

5%

Conditions of the nervous system

4%

Conditions of the respiratory system

2%

Conditions of the digestive system

15%

Other reasons

SUPPORT SERVICES FOR YOUR CLIENTS

When the unexpected happens, we understand that it is only human to need a bit of extra help. During your client's claim with TAL, we are here to help with much more than just payments.

Our claims and health teams take a personalised approach, making sure they understand your client's situation and what your client needs during their recovery. They can work alongside your client's medical team, carer, or employer to make things easier for your client.



RECOVERY SERVICES

A holistic range of support services to help your clients on their road to recovery.

These services consider physical and financial health, mental wellbeing and social support needs.



RETURN TO WORK

Getting back to work can have its own pressures, so we focus on working collaboratively with your client, their employer, and their treating team to support their recovery. Our services range from career coaching to work conditioning programs to help your clients return to the workforce safely.



GRIEF SUPPORT

To help your clients and their family during the toughest parts of life, we've partnered with Assure Programs to provide understanding, care and support via a dedicated Grief Support service.

This service is available to immediate family members³ of your TAL client who has become terminally ill or passed away, and/or your TAL client who may have recently been diagnosed with a terminal illness.

They can use it up to 12 months from the date of claim or diagnosis, providing their Life Insurance has been purchased through TAL⁴.



HEALTH AND SUPPORT GUIDES

When your clients are focused on recovery, we want to help make things easier for them.

That's why we've created a range of resources to help them deal with both the physical and emotional side of life with a health condition.

[Click here](#) to view the TAL's health support guides.



SUPPORT SERVICES FOR YOU

Through expert support and efficient processes, we aim to ensure a simple and seamless claims process for when you and your client need us most.

We want our partners and their clients to feel confident in how we handle their claim by ensuring a simple claims process.



DEDICATED CLAIMS TEAM PROVIDING PERSONALISED SUPPORT

To simplify the claims process, you and your client are appointed a dedicated claims consultant, who will take the time to get to know your client and their individual needs.

Our experienced claims team are there to work closely with you and your clients when it's needed most. They can be contacted on **1800 101 016** or emailed at claims@tal.com.au



OUR CLAIMS PROCESS

Our claims process is designed to be simple and responsive to assess claims quickly. Just follow these five steps:

1

NOTIFY US OF YOUR CLIENT'S CLAIM

Please notify our claims team of your client's claim by either:

- 📞 Calling our claims team on **1800 101 016** (Monday to Friday, 8:30am – 5:30pm AEST)
 - ✉ Emailing our claims team at **claims@tal.com.au**
-

2

RECEIVE RELEVANT CLAIM FORMS

You and your client will be sent a TAL Claim Pack within two business days by post or email.

3

RETURN COMPLETED FORMS TO US

Return the accurately completed forms and all supporting documentation as quickly as possible to get the claim under way.

You can submit claim forms by email or post:

- ✉ **claims@tal.com.au**
 - ✍ **GPO Box 5380, Sydney, NSW 2001**
-

4

WE ASSESS YOUR CLIENT'S CLAIM

Our dedicated claims consultants review each claim on an individual basis to identify how we can proactively assist our customers. We will contact your client **within 10 working days** of receiving a completed claim form to discuss their claim. We will also contact you to give you an update of your client's claim.

5

WE NOTIFY YOU AND YOUR CLIENT OF OUR DECISION

You and your client will be advised by phone, email and in writing as to whether the claim has been accepted, declined, or whether more information is required.

If accepted:

- the claim will be paid by electronic payment or cheque.

If declined:



- we will explain why, provide the opportunity to present extra information to support the claim, and provide the details of our internal and external dispute resolution service.

INFORMATION WE NEED FROM YOUR CLIENTS TO PROCESS A CLAIM

Irrespective of the type of life insurance claim your client needs to make, the information we need to process the claim generally falls into one of three categories: personal, medical or financial details.





FOR A LIFE INSURANCE CLAIM

What we need to know	Documents	Why
 Personal details	<p>If your client's loved one has passed away:</p> <ul style="list-style-type: none">• completed claim form;• proof of their age, such as a certified copy of their birth certificate, driver's licence or passport. Alternatively, your client can provide an uncertified photo of their driver's licence or passport and we can verify them using an online identity verification program;• a copy of the Will, Probate or Letters of Administration if there is no nominated beneficiary; and• proof of age and identity of the beneficiaries or Policy Owner. <p>If your client or their loved one is diagnosed with a terminal illness:</p> <ul style="list-style-type: none">• completed claim form;• proof of identity, such as a certified copy of your client's or their loved one's birth certificate, driver's licence or passport. Alternatively, your client can provide an uncertified photo of their or their loved one's driver's licence or passport and we can verify them using an online identity verification program; and• a copy of your client's or their loved one's Power of Attorney if they're not well enough to complete the paperwork themselves.	<p>We require sufficient details to assist us in identifying the client and to help us ensure that the insurance benefits reach the right person.</p>
 Medical information	<p>If your client's loved one has passed away, we may ask for:</p> <ul style="list-style-type: none">• a certified copy of the death certificate;• a signed Medicare or Pharmaceutical Benefits Scheme (PBS) request form;• a medical report from their treating doctor or specialist;• a coroner's report; and• a Medicare History Report. <p>If your client or their loved one has been diagnosed with a terminal illness, we may ask for:</p> <ul style="list-style-type: none">• medical certification from two registered medical practitioners (not allied health workers);• additional information from your client's or their loved one's treating doctors;• a medical assessment from an independent specialist or practitioner; and• a Medicare History Report.	<p>This is relied upon to verify the nature, treatment, or prognosis of your client's or their loved one's terminal illness or condition. It may also be used to assess whether the condition meets the defined severity criteria specified in the PDS.</p>






FOR A CRITICAL ILLNESS CLAIM

What we need to know	Documents	Why
 Personal details	We may ask for various documents including any of the following: <ul style="list-style-type: none">• completed claim form;• proof of identity, such as a certified copy of your client's birth certificate, driver's licence or passport. Alternatively, your client can provide an uncertified photo of their driver's licence or passport and we can verify them using an online identity verification program;• a copy of your client's Power of Attorney if they're not well enough to complete the paperwork themselves; and• information about your client's professional duties, training, education, and work history, including an employer's statement.	We require sufficient details to assist us in identifying the client and to help us ensure that the insurance benefits reach the right person.
 Medical information	We may ask for various documents including any of the following: <ul style="list-style-type: none">• information from your client's doctors or medical specialists. A medical assessment is a key part of assessing your client's claim, so we might request specific information from your client's medical team or ask your client to have an assessment with an independent specialist;• medical records relating to your client's claim; and• a Medicare History Report.	This is relied upon to verify the nature, treatment, or prognosis of your client's illness or condition. It may also be used to assess whether the condition meets the defined severity as criteria specified in the PDS.






FOR A TOTAL AND PERMANENT DISABILITY (TPD) INSURANCE CLAIM

What we need to know	Documents	Why
 Personal details	We may ask your client or their loved one for various documents including any of the following: <ul style="list-style-type: none">• completed claim form;• proof of identity, such as a certified copy of your client's or their loved one's birth certificate, driver's licence or passport. Alternatively, your client can provide an uncertified photo of their or their loved one's driver's licence or passport and we can verify them using an online identity verification program;• a copy of your client's or their loved one's Power of Attorney if they're not well enough to complete the paperwork themselves; and• information about your client's or their loved one's professional duties, training, education, and work history, including an employer's statement.	We require sufficient details to assist us in identifying the client or their loved one, their likelihood of returning to work, and to help us ensure that the insurance benefits reach the right person.
 Medical information	We may ask for various documents, including any of the following: <ul style="list-style-type: none">• information from your client's or their loved one's doctors or medical specialists. A medical assessment is a key part of assessing your client's or their loved one's claim, so we might request specific information from their medical team or ask your client or their loved one to have an assessment with an independent specialist;• medical records relating to your client's or their loved one's claim; and• a Medicare History Report.	This is relied upon to verify the nature, treatment, or prognosis of your client's or their loved one's illness or condition. It may also be used to assess whether the condition meets the defined severity criteria specified in the PDS.
 Financial details	We may ask for various documents including any of the following: <ul style="list-style-type: none">• documents that confirm your client's or their loved one's income before or during their claim. That might include copies of your client's or their loved one's pay slips, tax returns, Notices of Assessment or financial statements from their business.	The client's or their loved one's financial information helps us assess their benefit entitlements. We may ask for information or documents relating to their employment or self-employment.



FOR AN INCOME PROTECTION INSURANCE CLAIM

What we need to know	Documents	Why
 Personal details	<p>We may ask for various documents including any of the following:</p> <ul style="list-style-type: none">• completed claim form;• proof of identity, such as a certified copy of your client's birth certificate, driver's licence or passport. Alternatively, your client can provide an uncertified photo of their driver's licence or passport and we can verify them using an online identity verification program;• a copy of your client's Power of Attorney if they're not well enough to complete the paperwork themselves; and• information about your client's professional duties, training, education and work history, including an employer's statement.	<p>We require sufficient details to assist us in identifying the client, their capacity to work, and to help us ensure that the insurance benefits reach the right person.</p>
 Medical information	<p>We may ask for various documents including any of the following:</p> <ul style="list-style-type: none">• information from your client's doctors or medical specialists. A medical assessment is a key part of assessing your claim, so we might request specific information from your client's medical team or ask them to have an assessment with an independent specialist;• medical records relating to your client's claim; and• a Medicare History Report.	<p>This is relied upon to verify the nature, treatment, or prognosis of your client's illness or condition. It may also be used to assess whether the condition meets the defined severity criteria specified in the PDS.</p>
 Financial details	<p>We may ask for various documents including the following:</p> <ul style="list-style-type: none">• documents that confirm your client's income before or during your claim. That might include copies of your client's pay slips, tax returns, Notices of Assessment or financial statements from their business.	<p>The client's financial information helps us assess their benefit entitlements. We may ask for information or documents relating to their employment or self-employment.</p>



FOR A BUSINESS EXPENSE INSURANCE CLAIM

Please refer to the above table for Income Protection requirements.





NEED A HAND?

If you have any questions about using this guide or any of the ways we can support you and your clients, please get in touch with us:

- Call the Adviser Service Centre on **1300 286 937** (Monday to Friday 8:00am – 7:00pm AEST)
- Email the Adviser Service Centre at acceleratedservice@tal.com.au
- Visit adviser.tal.com.au

1 Based on inforce premiums for risk only life insurance policies, NMG Consulting (2021)

2 Claims statistics based on total number of claims paid by both TAL Life and Asteron Life & Superannuation Limited ABN 87 073 979 530 AFSL 229880 (Asteron Life) between 1 April 2021 and 31 March 2022. Asteron Life's life insurance business (including all life insurance policies) was transferred to TAL Life on 1 October 2021. From that date, TAL Life was the issuer of Asteron Life's life insurance policies. Payment of each claim is subject to the terms and conditions of the applicable policy, which are set out in the relevant Product Disclosure Statement and Policy Document. TAL Life and Asteron Life are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies.

3 Immediate family member includes spouse, partner, de-facto, children, parents and siblings.

4 TAL has engaged with Assure programs to provide up to three complimentary and confidential one-hour sessions to each immediate family member, with a grief support health professional.

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

This information has been prepared for use by advisers in their professional capacity only and is not intended to be used by clients to make a decision. Any financial product advice is general in nature only and does not take into account any person's objectives, financial situation or needs; as such the appropriateness of the advice for any person should be considered having regard to those factors. Persons deciding whether to acquire or continue to hold life insurance should consider the relevant Product Disclosure Statement (PDS). The PDS and the Target Market Determination (TMD) for the product (where applicable) are available from tal.com.au or by contacting us.

TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) issues the life insurance products and provides the claims handling and settling services.