

# Living Super Terminal illness claim form



## About this form

Complete this form if you wish to make a terminal illness claim against the balance of your super account only (and you do not hold any insurance within the Fund). Terminal Illness claims require Two Registered Medical Practitioners, one of whom specialises in the Covered Person's illness, to certify in writing that despite reasonable medical treatment the illness is likely to result in the claimant's death within 24 months of the date of certification.

## Please return to:

Living Super  
REPLY PAID 4307  
SYDNEY NSW 2001

## To do this you will need to:

1. Complete section A of this form.
2. Have a Registered Medical Practitioner complete Section B of this form.
3. Have a second Registered Medical Practitioner complete Section C of this form.
4. Return the form with a certified copy of your identification to the below address.
5. Attach copies of any other relevant documents to support your claim.

**Note: At least one Medical practitioner must be a specialist in the area relating to the illness or injury.**

## Part A: For you to complete

First name	Last name	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living Super account number	Date of birth (DD/MM/YY)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

## Declaration of authorisation

Please read the following:

- The information provided is true and correct.
- I understand that the Trustee may request further information to be able to assess my claim
- I understand that I am responsible for any costs associated with obtaining medical statements

Print full name  Insert condition   
I,  confirm that I am suffering from   
that has resulted in my Terminal Illness which is likely to result in my death within 24 months.

Signature  Date (DD/MM/YY)  /  /



**Part B: Registered medical practitioner 1 to complete**

**Registered medical practitioner details**

Title  First name  Last name

Postal address

Suburb  State  Postcode  Registration number

Phone number  Fax number

Qualification

**Confirmation of terminal illness**

Print full name  Insert claimant's full name   
I,  confirm that  is suffering  
from,  Insert illness or injury   
from,  which is likely to result in their death within 24 months of  
signing this Terminal Illness Medical Statement and is considered to be terminally ill.

Please cross (X) here if you are a specialist practicing in the area related to the illness or injury suffered.

Signature  Date (DD/MM/YY)  /  /

Other comments: (please use space if required)



Part C: Registered medical practitioner 2 to complete

Registered medical practitioner details

Title  First name  Last name

Postal address

Suburb  State  Postcode  Registration number

Phone number  Fax number

Qualification

Confirmation of terminal illness

Print full name  Insert claimant's full name   
I,  confirm that  is suffering  
from,  Insert illness or injury   
from,  which is likely to result in their death within 24 months of  
signing this Terminal Illness Medical Statement and is considered to be terminally ill.

Please cross (X) here if you are a specialist practicing in the area related to the illness or injury suffered

Signature  Date (DD/MM/YY)  /  /

Other comments: (please use space if required)



## Part D: Verifying your identity

To verify your identity follow the four simple steps below:

- Step 1** Choose either one identification document from list A or two documents from list B below
- Step 2** Select someone to certify your documents
- Step 3** Take copies and originals to the certifier and ask them to complete the certification
- Step 4** Send the certified documents to Living Super GPO BOX 4307 SYDNEY NSW 2001

### Step 1: Choose identification documents

You need to choose either one document from List A or two documents from List B. Please note the certified copies will not be returned.

**NOTE: The documents must verify your Full Name AND either your Residential Address OR Date of Birth.**

#### List A

- Australian Driver's Licence (must be current, show current residential address and photograph)
- Australian Passport (either a current passport or a passport that expired within the last 2 years)
- Proof of Age Card/NSW Photo Card (must be current and show date of birth and photograph)
- International Passport (current, containing a photograph and a signature and accompanied by a translation from a Professional Translator accredited by the National Accreditation Authority for Translators and Interpreters if not in English)

#### List B

##### One of the documents

- Birth Certificate (issued by a State or Territory in Australia)  
**OR**
- Citizenship Certificate (issued by the Commonwealth of Australia)  
**OR**
- Pension Card or Health Card (must be current and issued by Centrelink entitling financial benefits)  
**AND**
- Social Security notice issued by the Commonwealth, State or Territory in the past 12 months containing your name and residential address which records financial benefits provided to you  
**OR**
- Notice Issued by the Australian Tax Office within the past twelve months that contains your name and residential address and records debts payable by you  
**OR**
- Rates or Utilities notice issued in the last 3 months containing your name and residential address and recording the provision of services to you/your address

### Step 2: Select a certifier

Take the originals and copies of your identification documents to a document certifier from the list below. Ask them to follow the instructions in Step 3.

1. A Pharmacist
2. A Justice of the Peace
3. A Notary Public Officer
4. A Medical Practitioner or Nurse
5. A Police Officer
6. An Accountant (CA/CPA)
7. A Legal Practitioner
8. A Full-time teacher (school or tertiary)
9. Bank/Credit Union/Building Society Officer with at least two years continuous service
10. A permanent employee of a Commonwealth, State/Territory or local government with at least two years continuous service.

### Step 3: Certifier instructions

Once you (the certifier) have sighted the original proof of identity document and the copy and confirmed that both documents are identical on each page of the copy complete the following:

1. Certify as true copies by writing or stamping "I hereby certify that these pages are a true copy of the original document shown to me on [date]"
2. Sign each document and print your Name, Address, Phone Number and Certifier Classification. For example; John Smith, 1 ABC Street, Sydney, NSW, 2000 ph: 1234 5678, Accountant

**For the curious:** This information was prepared and sent on behalf of Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635, the Trustee of Living Super, a sub-plan of OneSuper ABN 43 905 581 638 (Fund) and the issuer of interests in the Fund. Living Super is a product issued out of the Fund. Insurance cover offered by the Fund is provided by MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096. The information contained above is general advice only and has been prepared without taking account of your objectives, financial situation or needs. Consider your personal circumstances, the appropriateness of the product and read the Product Disclosure Statement and Target Market Determination available at [ing.com.au](http://ing.com.au) before making any decision to acquire or continue to hold the product. You may also decide to seek independent financial advice before making a decision about the product. ING is a business name of ING Bank (Australia) Limited ABN 24 000 893 292, AFSL 229823

