



How to make an ill-health or total disablement benefit claim

This fact sheet outlines how to make a claim for an Ill-health or Total Disablement (TD) benefit and answers some commonly asked questions.

Important note

The benefits described in this fact sheet are available only to a subsidised member of the NZAS Retirement Fund ('Fund') who was in service at the date of his or her illness or injury and who meets the criteria, as determined by the Trustee, for an **Ill-health** or **Total Disablement** (TD) benefit as defined in the Fund's Trust Deed.

Am I eligible to make a disablement claim?

You are eligible to make a disablement claim provided you:

- were a **member** of the Fund when you ceased active work; and
- you ceased work due to illness/injury and the illness/injury occurred before you attained age 65.

How do I initiate a claim?

If you wish to lodge a claim, you will need to talk to your Site Manager and HR so that the relevant paperwork can be completed by your employer in the first instance. Your Site Manager or HR will notify Mercer of your claim.

You will be required to complete a **member statement** and provide details regarding:

- your current occupation, work history and education
- the illness or injury that caused you to cease work
- the medical practitioner and specialist treating you currently and when you terminated employment or ceased work
- the treatment you are or were receiving
- the type of benefit (Ill-health or TD) you are applying for

Once you have completed the member statement, send it along with any other supporting medical information you wish to provide to Mercer.

If you need any help completing the member statement please contact the Fund's insurance administrator on 04 819 2600 or nzasrf@mercer.com. Alternatively, you can call the Fund Helpline at 0508 266 787, Australia 03 8306 0964 or international +61 3 8306 0964. Your employer will also be required to complete an **employer statement** for the purposes of the claim and forward it to Mercer for action.

Ill-health currently refers to physical or mental ill-health (not amounting to TD) caused by illness, infirmity or accident which, in the opinion of the Trustee makes you unable to perform:

(a) your normal duties for the employer before leaving service; and

(b) the duties of any other position with your employer for which you are considered to be reasonably suited

with your employer determining and advising such duties.

Total Disablement (TD) means you have been absent from service for six continuous months (or such shorter period as the Trustee may determine) due to physical and mental incapacity; and the Trustee considers you are unlikely ever to engage in or work for reward to a significant extent in any occupation or work for which you are reasonably qualified by education, training or experience.

Member means a permanent employee of New Zealand Aluminium Smelters Limited or Pacific Aluminium (New Zealand) Limited who has been admitted to membership of the Fund.

Serious illness (applicable to the withdrawal of Locked In Account balances only) means that the Trustee is reasonably satisfied that you have suffered an illness, injury or disability that:

- results in you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training (or any combination of those things); or
- poses a serious and imminent risk of death.

Making an Ill-health or TD claim in six easy steps:

1. Notify your Site Manager and HR that you wish to lodge a claim
2. HR will provide you and your employer statements to complete and return to Mercer
3. Mercer will obtain any additional information required for the claim to be considered
4. The Trustee will consider your claim and make a decision
5. Mercer will advise you whether the Trustee has approved or declined your claim
6. If your claim has been approved, your benefit will be paid

What happens after Mercer receives the member and employer statements?

Mercer will let you know when both statements have been received.

Once Mercer receives your member statement, your claim will be assessed taking into account any medical evidence already provided. Mercer will ask your treating doctors and/or specialists for any further medical reports it considers the Trustee needs to adequately assess your claim.

Generally, a minimum of two medical reports will be required, one from your treating doctor and one from your treating specialist, to enable an assessment against the relevant benefit criteria to take place. For more complex injuries or illnesses, several reports may be needed before the claim can proceed to the Trustee for consideration.

In some instances, you may also need to undergo an independent medical examination at your employer's expense to help in the assessment of the claim. Mercer will notify you if this is required.

Please note that if you supply medical reports from your treating doctors or specialists with your initial claim documentation, which is not within Fund-specific medical guidelines, a supplementary report may still need to be requested. The guidelines require that any report provided addresses which disablement definition (TD, Ill-health or neither) you meet and why.

My doctor says I'm disabled – why is medical evidence required?

Before the Trustee can approve payment of a disablement benefit they must be satisfied that you meet the definition of either TD or Ill-health.

Medical guidelines are provided to medical practitioners and specialists that Mercer requests a report from. These guidelines ensure that when the medical report is completed, your treating doctor or specialist states whether, in his or her opinion, you satisfy the Fund's definition of TD or Ill-health and why.

If you do not meet the criteria a disablement benefit cannot be paid to you from the Fund.

Who pays for the medical reports and any medical examinations?

Once your claim has been lodged with Mercer, the costs of obtaining any further medical evidence or an independent medical examination (including any reasonable travel costs associated with any medical appointments scheduled by Mercer) is covered by your employer.

What if I have a terminal illness?

TD claims involving a terminal illness are treated with the utmost priority.

With the Trustee's approval, benefits due to terminal illness will be paid providing the following criteria are met:

- two registered medical practitioners have certified jointly or separately that you are suffering from an illness, or have incurred an injury likely to result in your death within 12 months of the date of certification;
- at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury; and
- the certification period has not ended for each of the certificates.

If you have been advised that you are suffering from a terminal condition, a diagnosis and prognosis has generally been confirmed. Any reports prepared by your treating doctor and specialist should address the criteria above.

How long will the claim process take?

Each case is different.

Finalising a claim can be a complex process and there may be delays obtaining medical reports from doctors or arranging medical appointments, so it may be several months before the Trustee is able to make a final decision.

Your Case Manager will regularly follow up all parties required to provide information to support your application to ensure any delays are minimised. They will also provide updates to you on a regular basis.

Once sufficient medical evidence has been obtained for the Trustee to make a decision, a submission will be prepared by Mercer for the next available Trustee meeting.

The Trustee meets regularly on an 'as required' basis to ensure all claims are considered as promptly as possible.

If I take a retrenchment or redundancy package, can I still make a disablement claim?

A key consideration in assessing a TD or Ill-Health claim is whether or not the illness or injury was present at the time you ceased active employment. Providing you ceased work due to your illness or injury, receiving a retrenchment or redundancy package will not affect your ability to make a claim.

If my claim is approved, what benefit will I receive?

The TD benefit consists of your standard account balances plus an insured amount. The insured amount is calculated based on your selected level of cover (Basic, Medium, Top) and your age at the date you stop work due to disability, subject to any conditions that may apply and the Trustee's acceptance of your claim.

The Ill-health benefit is your standard account balance plus an insured amount, which is generally half of the TD insured amount.

Before any Locked-In Account balances can be paid, the Trustee must be satisfied that you meet the criteria for a **serious illness** withdrawal which is the same as under the KiwiSaver scheme rules. If the Trustee decides that you do not meet the criteria, you will be contacted by the Fund's Administrator and advised of the options available to you.

You can help progress your claim by submitting your completed member statement as soon as practicable after the six-month qualifying period or termination of employment.

The member statement should be completed as comprehensively as possible, with all questions fully answered and with current contact details of all your treating medical practitioners and specialists. This will help speed up the initial claim assessment conducted by Mercer.

If your Case Manager subsequently advises you that an additional medical report(s) has been requested from your treating doctor(s) or specialist(s), you may wish to contact them to request they respond to this request as soon as possible.

You may also want to ensure that if your treating doctor or specialist intends to prepare a report for you for the purposes of a claim, but you have not yet lodged the claim with Mercer, that the report is completed in accordance with the Fund-specific guidelines.

Who do I contact if I have questions during the process?

Once you have lodged your claim, your Case Manager will be able to assist you with any queries you may have in relation to the process or the status of the claim.

For ease of reference, space has been provided overleaf for you to record the contact details of your Mercer Case Manager.

How does the Trustee consider claims?

The Trustee reviews disablement claims and determines, based on all the evidence obtained, which criteria the member meets, if either. Claims are first considered under the TD criteria. If, in the Trustee's opinion the member does not meet that definition, then they will consider the member under the Ill-health criteria.

Once the Trustee has made a decision, the decision will be minuted and Mercer will be advised.

How will I know the outcome of my claim?

If your claim is approved, the Fund's Administrator at Mercer will write to you to outline your options with respect to the payment of your benefit.

If your claim has been declined or is deferred by the Trustee, Mercer will advise you in writing outlining the decision and your options.

What if I am not happy with the outcome?

If you are not satisfied with the Trustee's decision regarding your claim, you should contact the Fund Secretary. The Fund Secretary will advise the Trustee of your dissatisfaction, your reasons and of your request for reconsideration of your claim.

Fund Secretary
NZAS Retirement Fund
c/- Mercer (N.Z.) Limited
P O Box 1849
Wellington 6140

If you are still not satisfied then you may lodge a complaint via the Fund's internal complaints procedure by contacting the Complaints Officer.

Enquiries

For any further information about making a disablement benefit claim, please contact:

Fund Member Helpline:

NZ 0508 266 787
Australia 03 8306 0964
International +61 3 8306 0964

The Fund Administrator:

NZAS Retirement Fund
Mercer (N.Z.) Limited
P O Box 1849
Wellington 6140
nzasrf@mercer.com

Complaints

If you have a complaint about the way the NZAS Retirement Fund administers your benefits or about the Fund generally, you can lodge a complaint with the Fund's Complaints Officer. A complaint should include the reason for your complaint and include any additional supporting evidence that you consider relevant to your case.

Complaints Officer
NZAS Retirement Fund
c/- Mercer (N.Z.) Limited
P O Box 2897
Wellington 6140

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