

LEARN ABOUT TPD CLAIMS

What exactly does TPD stand for?

Total and Permanent Disability (TPD) Insurance is a financial product which provides insurance benefits in the event you become permanently unable to work, as a result of illness or injury.

You may have automatically have TPD insurance through your super fund, or you may have purchased it from a life insurance company.

How do I find out if I have TPD insurance?

Start by asking your super fund whether you are insured for TPD events. Ask them to provide you a document called “Insurance Policy Wording” or “Insurance Terms and Conditions”. Based on these documents we can tell you if you are entitled to make a TPD claim.

Alternatively, if you have purchased life insurance or income protection insurance, it is possible that the insurance will also provide TPD cover. Look for a document called “Policy Schedule” as well as the documents mentioned above. We can then advise you about your options.

We are happy to contact your super fund or insurance company to get these documents for you.

I can no longer work. What do I need to do to make a claim?

You need to fill out a claim form and your treating doctor is usually required to fill out a form as well, certifying that you suffer from an injury or illness which prevents you from returning to work. Keep in mind the super fund or insurer will request you to attend an examination by a specialist to confirm your treating doctor’s diagnosis.

Do I have to show that I can’t do any work, or is it enough if I can no longer work in my usual job?

This is a very important issue and often a source of major frustration. If your policy says you can claim if you can no longer work in your own occupation, your chances of successfully making a claim are much better.

If the policy states you must show that you can’t work in any occupation, the insurance company will consider if there is any other type of work which you would be able to do. If the insurer says you can still do some other work (other than your usual occupation) they would still have to show that you are reasonably qualified for that other work by your education, training and experience.

Pre-existing conditions

In basic terms, a pre-existing condition is a medical condition which existed before you purchased the policy. Usually insurance companies don’t pay if the condition which now prevents you from working existed before

you purchased your policy (although there are some exceptions).

However, it is not uncommon for policies to state that an insurance company can deny your claim if you have a condition which relates to a pre-existing condition. In other words, the insurer may try to deny your claim if your current condition is not the same as your pre-existing condition, as long as there is a link between the two. This is a complex area and you should seek legal advice if your insurer has declined your claim on the basis of a pre-existing condition. In fact, if you believe your current condition may be linked to a pre-existing condition, seek legal help before submitting your claim.

What can I do if my insurer has refused to pay my claim?

You can challenge the decision. You can make a claim in Court, and you may be able to apply for a review in the Superannuation Complaints Tribunal (**SCT**) or with the Financial Ombudsman Service (**FOS**).

Are there any time limits?

There are a number of different time limits depending on whether you make a claim in Court, or whether you apply in the SCT or FOS. We can advise you about the time limit which applies to your claim. Do not delay making your claim, because if you miss the time limit, you'll lose your rights.

Contact us

Call us on (07) 3063 2268 or email info@deneslawyers.com.au

Your claim will be managed by Oszkar Denes, principal. Oszkar has a decade of experience in insurance law. You will receive high quality expert advice, regular and meaningful updates, and the best possible outcome.