

The Claims Process

How long will it take to assess my claim?

Every claim is unique, and the assessment time will depend on the complexity of your medical condition and how quickly we can obtain all the information required to process the claim. You can help prevent any unnecessary delays by ensuring all relevant questions in the claim form are answered and any additional documentation is provided as quickly as possible.

Will someone contact me to discuss my claim?

We always endeavour to contact you within 2 to 3 business days of receipt of your completed claim form. You will also be assigned a designated Claims Executive who will provide updates and assist you throughout the duration of your claim. Your Claims Executive will provide you with their contact details, including direct telephone and email address, in case you wish to discuss your claim further.

Is there a waiting period on my claim?

All Protect claims are subject to a waiting period, during which no benefits are payable. For Workers' Compensation claims, there is a 52 week waiting period. For all other claim types, the relevant waiting period is dependent on your Enterprise Agreement. For further information on the period that applies to your claim, please contact your Union or Protect Field officer on 1300 344 249. We recommend you consider using your sick leave, annual leave or RDO's during this period.

If my claim is accepted, how often will I get paid?

Protect benefits are called "Weekly Benefits" but are actually paid fortnightly in arrears, as long as there is a valid medical certificate confirming your incapacity.

How are payments calculated?

Weekly Benefit payments are calculated on a 7 day basis which means you receive 1/7th of your Weekly Benefit amount per day, including weekends. For this reason, it is important that your medical certificates includes weekends because if your certificate states you were incapacitated from Monday to Friday, you will only receive 5 days worth of benefits instead of 7.

If your medical certificate expires midway through your fortnightly cycle, your payment will be processed on the same day as normal, however you will only receive benefits for the days included on that certificate. As such, please ensure you provide updated certificates throughout the duration of your incapacity and submit them at least 48 hours before your next payment is due to be processed.

Do you deduct tax from my payments?

Yes. You may wish to discuss the financial implications of this with your accountant or qualified advisor. With effect from 1 July 2019, all payments are reported directly to the Australian Taxation Office ("ATO") using Single Touch Payroll ("STP"). You will be able to log into your myGov account and get up to date access to your year-to-date income, tax contributions and payments. This information is updated each time your employer pays you. It may take a few days for the information to show in ATO online services. If you get your tax returns done by an accountant or tax agent, they will also have access to this information.

Do I need to provide medical certificates for the period I am unable to work?

Yes, you are required to submit valid medical certificates covering any period that you are incapacitated. To avoid interruptions to your benefit payment, please ensure you submit updated certificates at least 48 hours before your next payment is due to be processed.

What is considered to be a valid medical certificate?

To be considered valid, all medical certificates must contain the following information:

- a) The medical practitioner's name and contact details, including postal address;
- b) Your name. For example, "John Smith is unable to work...";

- c) The specific condition causing your incapacity. For example, "Broken ankle". We are unable to accept medical certificates that refer only to a "Medical condition";
- d) Both a start and end date for your current period of incapacity. For example, "2/5/2011 to 30/5/2011 inclusive". We are unable to accept medical certificates without an end date, such as "2/5/2011 onwards". The end date may not be the date by which you have recovered from your condition and if this is the case you will need to obtain an updated medical certificate with a new beginning and end.
- e) The medical practitioner's signature.

My doctor has cleared me for modified duties and my employer has these duties available. Is it possible to return to work on modified duties whilst on a Protect claim and will it impact my benefit payments?

We are happy to support your return to work on modified or alternative duties in line with your medical practitioner's recommendations and can assist in facilitating this. Any income earned from your employer for this work is deducted from your Protect benefit for that week. If, for example, your maximum benefit amount is \$1,200 and you receive \$300 from your employer, then we would pay the difference between the two amounts to ensure you still receive the full amount covered under Protect. In this case, your Protect benefit would be \$900 for that week.

What do I do when I am given medical clearance to return to work?

You need to tell your Claims Executive once you receive clearance to return to work and we would prefer at least 48 hours notice, where possible. We also recommend that you discuss your medical clearance with your employer so they can plan for your return.

If you would like to clarify any of the above information or have a question that has not been covered, please contact our dedicated claims team on 1800 994 694. Alternatively, you may wish to contact the Protect Field Officers on 1300 344 249.