



Claims Philosophy

At BUSSQ we believe every member deserves dignity and support through their working life and in retirement.

Our Claims process will:

- Make the claims process as straightforward as possible for you.
- Confirm the insurance cover you hold in the fund
- Provide you with assistance to navigate the steps in the claims process and explain our answers and actions clearly.
- Be helpful, compassionate, and respectful
- Advise you of your rights and obligations
- Provide you with regular updates on your claim
- Ensure that claims are considered in a timely manner, to minimise delays
- Be honest and transparent

We will do everything possible to pursue all reasonable claims for the benefit of members and their beneficiaries, and will always:

- Give you contact details for the primary contact during the claims process
- Help you make your claim and guide you to the appropriate forms and other information you need
- Communicate the steps in the claims process and timeframes involved
- Keep you updated regularly regarding the process of your claim
- Explain our decisions in writing
- Give you the opportunity to review your eligibility if your claim is not accepted initially
- Provide you with information on our complaints process if you are unhappy with the outcome of your claim.
- Monitor the conduct and performance of our insurer and service providers to ensure they continue to align with our claims philosophy and adhere to standards

of the Insurance in Superannuation Voluntary Code of Practice and other relevant industry codes of practice

- Ensure our staff are always suitably skilled and trained , to provide their services competently and professionally.
- Adhere to all relevant legislation
- Continue to support the objectives of the Insurance in Superannuation Voluntary Code of Practice.

We will have appropriate governance arrangements for our claims process, which include:

- An Insurance Committee to oversee our claims handling processes and monitor the conduct and performance of our insurer and other service providers
- Regular communication between our management and our insurer and service providers
- We will review our agreements with our insurer and service providers at least every 3 years
- We will require the insurer and other service providers to act with honesty, fairness, respect, transparency and timeliness towards you and us
- We will only enter into agreements with our insurer and service providers if we are satisfied with their expertise, experience, qualifications and integrity, that they hold any required licensing and they align with our claims philosophy
- We will require our insurer and service providers to comply with privacy law and keep your personal information confidential and only use your information for the claims-related service they are providing
- We will monitor our insurer and service providers activities and require regular reporting from them on insurance claims, decisions and complaints, and other aspects of insurance claims handling
- We will require our insurer and service providers to advise us of any complaints they receive from our members in relation to their claims handling services or activities.

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