

# The Macquarie Life claims experience – help when it is needed most

At Macquarie Life, we aim to pay claims quickly, offering a high level of service from claim notification right through to the claim payment and beyond.

## A client-centric claims process

We offer a range of claims services that manage the whole claims process based primarily on the cause of the claim as well as the benefit type.

- **ClaimsConnect:** A tele-claims service delivered by our skilled and empathetic nurses assists the claimant from the beginning of the claims process through to the end. This service provides an efficient and personalised experience for your client, recording all phone calls and reducing the need for paperwork.
- **Fast Track claims:** We can fast track certain income protection claims in less than five working days using the Reed-Presley Medical Disability Adviser (MDA) duration guidelines. Our nurses complete the initial claim form and the claim is pre-approved for a set period using the MDA as a guide. Final approval is granted on receipt of a medical certificate or copy of a relevant investigation report, such as an X-ray or histology report. The claimant can elect to receive their benefit as a monthly or lump sum payment. Should the claimant still be unable to work post the period that has been pre-paid, the claim can be reopened with further medical evidence.
- **Limited claims:** Lump sum claims or income protection claims that will be of a limited duration will be directed through to our limited claims process. The claimant forms will be completed using ClaimsConnect and assessed further by our experienced claims assessors. Medical condition specific forms will be sent to the treating doctor separately in order to improve efficiency in the assessment process as well as decreasing the need for the claimant to have extra medical professional consultations just to have their forms completed.
- **Long-term or ongoing claims:** TPD or income protection claims that might need a more complex claim assessment will be processed by our specialist long-term claim unit. A highly skilled claims assessor will contact the claimant, any treating doctors, or any other person involved in the claim from the initial claim stage in order to set up a personalised Claim Management Plan (CMP). This will allow the claimant to know exactly what is expected of them from a 'return to work' or 'increase in independence' process. Rehabilitation, vocational and integrative medicine specialists will be used as part of the CMP. In conjunction with the treating doctor, alternative therapies may be suggested. This specialised unit also manages terminal claims.
- **Case management:** All claimants will be eligible to receive added case management above and beyond just a financial payout, during and after the claims assessment. Case management facilities include:
  - **Three free counselling sessions** to either the claimant or claimants immediate family
  - **Information packs:** these include educational, nutritional and exercise information about specific medical conditions. A bereavement pack is available for death claims
  - **Referral to self help groups**
  - **Referral to alternative therapy options,** offered in conjunction with the treating doctor recommendations.

## How does the process work?

1. You or your client can notify us of a claim either by telephone, mail, fax, email or online.
2. A few basic details are collected during the notification process in order for us to know which is the most efficient claims process for your client's particular cause of claim.
3. By focussing the claims process on cause of the claim, we are able to proactively manage claims as it allows us to pick up any benefits that your client has and that they might not know they can claim from.
4. Your client is contacted either by a ClaimsConnect nurse or by a specialised claims assessor. Where necessary, initial claimant forms and authorities might need to be completed.
5. In all cases, except for Fast Track claims, the treating doctor is sent relevant medical condition claim forms separately, maximising the speed of information gathering.
6. Claims will be assessed and payment made for valid claims as efficiently as possible.
7. Case management can be offered or requested at any stage in the claims process.

## How do we keep you informed at claim time?

- you or your client can lodge the claim
- tracking of the claim is visible on the WIP screens so that you are aware whether a requirement is still outstanding or whether we are in the process of assessing the claim
- you or your client can call either the claims assessor or claims administrator dealing with your clients claim at any time during the process
- once a decision is reached, you are advised of the decision prior to us letting your client know the outcome of their claim
- our claims assessors are happy to review ongoing and complex claims with you.

For more details of our claims process, please refer to our claims section in the Adviser Guide available at [www.maquarielife.com.au/advisers](http://www.maquarielife.com.au/advisers).

## Keep an eye out for red flags: The importance of full disclosure

All insurance companies have a duty of good faith under common law (and more specifically, the Insurance Contracts Act) to pay any valid claim in a reasonable time frame. We seek to pay claims as quickly as possible. However, there are some typical 'red flags' to watch out for which may indicate all is not as it seems:

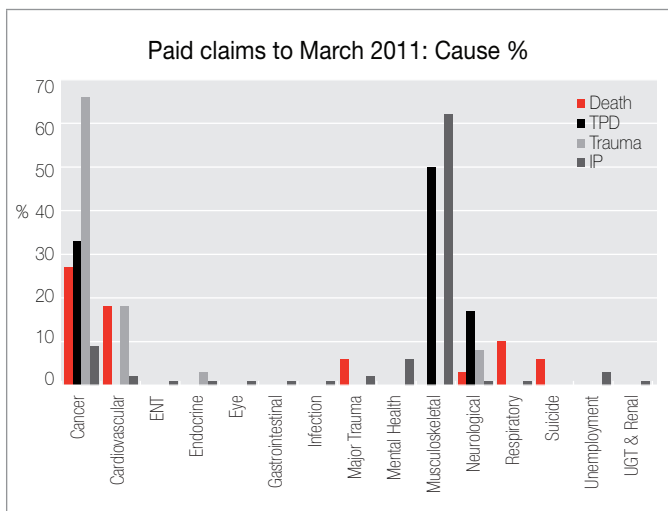
- notification of a claim close to the date of commencement
- a clean application followed by presentation with a medical disease that is of a chronic nature
- a strong history as a multiple-claimer
- financials not matching those disclosed at the underwriting stage.

Any one of these warning signs does not mean that the claim is invalid or should not be paid, rather that we will require additional claims documentation..

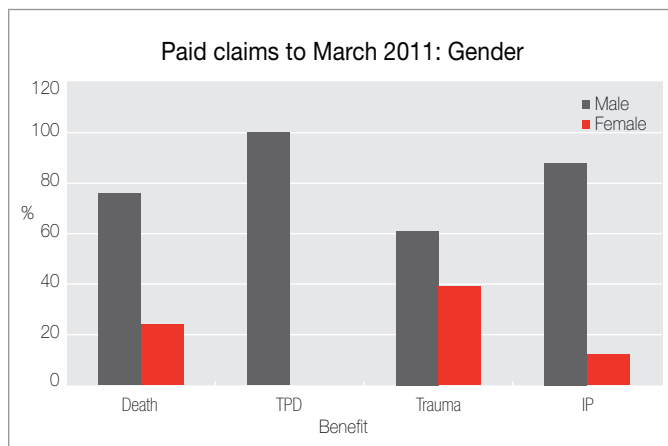


## The facts of life

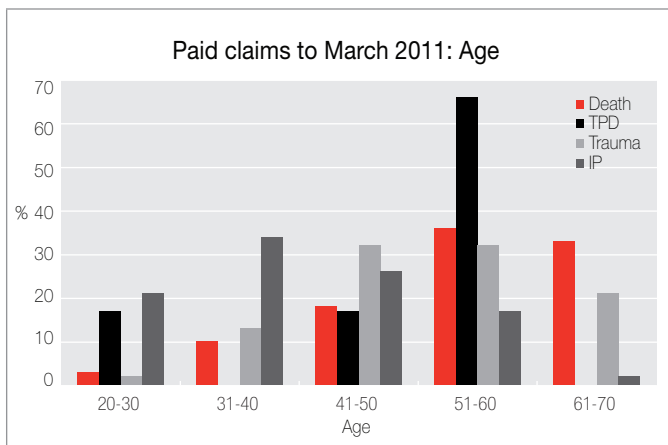
Here are some claims statistics and trends we have noticed at Macquarie Life.<sup>1</sup>



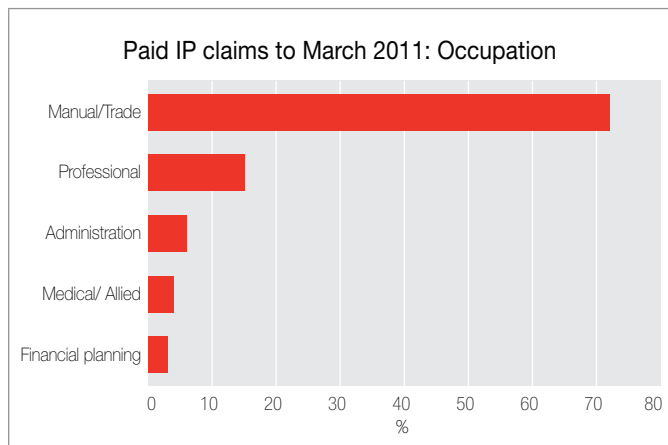
Cancer, heart attack and stroke are still the leading causes of trauma claims and musculoskeletal injuries the highest cause of disability claims (both income protection and TPD).



In our experience, far fewer women have insurance than men across all types of products, yet our claims data shows that women do need insurance, especially trauma cover. It is therefore important to review the whole family when providing insurance advice, not just the primary income earner.



The average age of trauma claims is 45-55 years, while a high percentage of income protection claims are occurring in younger age groups, highlighting the need for cover in these age groups particularly.



Claimants who are self employed, particularly in the manual trade professions, should consider having income protection cover. Most of these claims relate to musculoskeletal injuries.

<sup>1</sup> These claims statistics are current as at 31st March 2011.



## Macquarie Life



### **Claims**

Freecall 1800 208 130

### **Administration**

Freecall 1800 005 057

### **Underwriting**

Freecall 1800 451 689



### **Fax Gateway**

1800 812 175



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