

About the FSC Life Insurance Code of Practice

NobleOak is a member of the Financial Services Council (FSC) and we abide by the FSC Life Insurance Code of Practice. The code sets out the standards we will be held to when dealing with our clients about all aspects of your cover and what you can expect from us. This includes providing annual reports to the FSC showing our compliance with this code.

We also uphold the **5 Principles of the Code:**

- 1 Clarity and transparency
- 2 Fairness and respect
- 3 Honesty
- 4 Timeliness
- 5 Communications in plain language

A copy of the FSC Life Insurance Code of Practice can be found on their website www.fsc.org.au.

We have developed **7 Client Guides** that set out the standards we are committed to delivering. Each guide contains relevant information about what you can expect from us during each stage of taking out and managing your cover.

About this guide



At NobleOak we understand that when making a claim our clients are facing one of the most difficult times in their lives and we will treat you with compassion and respect at all times.

This guide will help you to better understand the claims process including how to make a claim and how we will keep you informed of the progress of your claim.

Making a claim

You can make a claim by calling **1300 551 044** or emailing claims@nobleoak.com.au. Our Claims staff will guide you through the process.

Information we will need

The information and documents we will need to quickly deal with your claim will vary depending on the type of cover you have with us.

If you tell us that you are having difficulty providing some of the information we request, we will work with you to find a solution. This may include trying to collect the information from third parties on your behalf.

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The following table sets out the information we will need from you when you lodge a claim. We may also need to ask you for additional information depending on the type of claim and our initial assessment and we will contact you if this is the case.

Information Needed with Claim Form

	Death or Terminal Illness	Total Permanent Disablement	Income Protection and Business Expenses	Trauma
Claim Form including Medical Authority	✓	✓	✓	✓
Death Certificate	✓			
Proof of Age	✓	✓	✓	✓
Copy of Will if under \$50,000 or Will, Probate or Letter of Administration if \$50,000 or above	✓			
Insurance Certificate	✓			
Police Report or Attending Doctor Report	✓	✓	✓	✓
Health Insurance Commission Report	✓	✓		✓
Financial Information (Tax Returns and Payslips)			✓	



Progress updates on your claim

Our Claims staff will advise you of the timeframes for assessing and paying your claim. As a member of the FSC NobleOak abides by the Code of Practice services standards, which keeps you informed of your claim and its progress. We will be in contact with you or your family at least every **20 business days**.

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The minimum services standards for the claims process are shown in the following table:

Progress	Minimum Service Standards
Acknowledge receipt of new claims and all claim correspondence.	1 business day
Respond to claimant regarding a new claim, confirming eligibility, claims process and forms and information required.	Within 10 business days
Respond to all claims correspondence.	Within 10 business days
Claims decision advised once final requirements received.	Within 10 business days
Overall Claims decisions for Life and Trauma cover.	No longer than 6 months
Overall Claims decisions for TPD.	No longer than 12 months
Overall Claims decisions for Income Protection and Business Expenses.	No longer than Income Protection waiting period plus 1 month

We will only request information relevant to your claim

We will let you know what information we need and explain why we need it. If you are not happy with the information we request you can raise a concern in the first instance with our Claims staff. You can also contact our Client Care Manager if you want to raise a concern about how your claim is being handled. Please see our **Client Guide 5 – Managing Client Concerns** for more information.

The claim form includes an authority for us to obtain information from sources such as your doctor, specialist, accountant or other health professionals. If you choose to limit the sources from where we can obtain information about you then it is likely to result in a delay in your claim being assessed. Where you have limited the sources and we need the information to properly assess your claim, then we will let you know and request an authority to obtain this information.

When we request information we will do so as early as possible and avoid multiple information requests where possible.

Where we request a report from an independent service provider or medical specialist we will ask for the report to be provided within **4 weeks** from our request. If you have attended the independent service provider or medical specialist in person then we will ask for the report within **10 business days**. If the service provider or specialist cannot meet this timeframe we will let you know and keep you informed on the progress in obtaining the report.

If we need you to attend an independent medical examination, an interview or any other relevant appointment we will let you know.

Errors or mistakes in the information you provide

If we become aware of any errors or mistakes in your claim, or the information we have asked for, we will address these promptly. We may require additional information to implement corrections.

Claims decisions and benefit payments

We will make all efforts to meet the timelines outlined in this guide and the FSC Life Insurance Code of Practice. However, timeframes for making claims decisions can be affected by factors outside of our control. Examples of this include the time taken by you or your treating doctor to provide information.

If there are external impacts on timeframes, we will inform you of this and will keep you informed of progress.

Once we have all the information we reasonably need and have completed all reasonable enquiries¹ to assess your claim, including your response to the evidence we are basing our decision on if we have presented this to you, we will let you know our decision on your claim within **10 business days**.

For **Income Protection and Business Expenses claims** we will let you know our initial decision no later than **2 months** after we are notified of your claim or **2 months** after the end of your waiting period (whichever is later), unless there are delays in obtaining information needed to assess the claim which are outside of our control. Notwithstanding this our decision will be made **no later than 12 months** after we are notified of your claim. We will let you know the reasons for the delay, and if you disagree we will review this. If we cannot make a decision **within 12 months**, we will give you details of our complaints process.

For all **claims other than income-related claims**, we will let you know our decision **no later than 6 months** after we are notified of your claim or **6 months** after the end of any waiting period, unless there are delays outside of our control. Where there are delays outside of our control, our decision will be made **no later than 12 months** after we are notified of your claim. We will let you know the reasons for the delay, and if you disagree we will review this. If we cannot make a decision **within 12 months**, we will give you details of our complaints process.

Taking professional advice

If we accept your claim and it includes a lump sum payment, we will suggest you seek financial advice to help manage your claim payment. For an income-related claim, if we offer to pay you a lump sum instead of ongoing payments in order to finalise your claim, we will suggest that you seek financial and legal advice before accepting our offer.

Where we decline your claim

If we decline your claim we will let you know in writing:

- the reasons for our decision;
- that you have the right to copies of the documents and information we have relied on, and if you request these we will provide you (or your doctor, where appropriate) with copies **within 10 business days**, in accordance with the our **Client Guide 6 – Access to Information**; and
- that you have the right to request a review if you disagree with our decision and we will give you details of our complaints process.

Our Claims Management Team

Our claims assessors are appropriately skilled and trained to make objective decisions. They will not make any claims decisions until they have demonstrated technical competency and have an understanding of all relevant law and the FSC Life Insurance Code of Practice.

The remuneration of our claims management staff will not be based on declined claims or deferral of decisions.

¹ Including referral to one or more Reinsurers where necessary.

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Claim payments ending – Income Protection and Business Expenses claims only

When your income-related payments are coming to an end, we will contact you to confirm when the last payment is to be made, either:

- at least 30 days in advance of the last payment if your benefit period is expiring; or
- as soon as possible if we have received information that has caused us to cease all future payments.

Financial hardship

While we are assessing your claim you can tell us if you are in urgent financial need of the benefits you are covered for under your cover as a result of the condition that has caused the claim. We will ask you to provide documentation to support this, but will only ask for information that is reasonably necessary to assess your request, such as:

- for Centrelink clients, your Centrelink statements; or
- financial documents including bank statements.

If you reasonably demonstrate to us that you are in urgent financial need, we will:

- prioritise the assessment and decision in relation to your claim; and/or
- make an advance payment to assist in alleviating your immediate hardship.

We will notify you about our decision within **5 business days** of receipt of the documentation we have reasonably requested from you. If you disagree with our decision, we will review this. If we accept your request, we will confirm the arrangement in writing.

Send your completed claim form to:

Claims Department, NobleOak Life Limited, GPO Box 4793, Sydney NSW 2001.

If you need assistance

If you have any questions please:



call: 1 300 551 044 between 8.00am-6.00pm Mon-Fri (AEST),
or



email: enquiry@nobleoak.com.au and we'll get back to you within **1 business day**,
or



mail: NobleOak Life Limited, GPO Box 4793, Sydney NSW 2001

You can find all of our Client Guides on our website www.nobleoak.com.au

- Guide 1 - Our Commitment to You
- Guide 2 - During Your Application
- Guide 3 - When You Buy Life Insurance
- Guide 4 - Ongoing Communication About Your Cover
- Guide 5 - Managing Your Concerns
- Guide 6 - Access to Your Information
- Guide 7 - Making a Claim