

# Claiming a Total and Permanent Disability benefit



We are here to assist you at every stage of lodging your claim for a Total and Permanent Disability benefit. This guide will help you to understand:



What a Total and Permanent Disability benefit claim is



How to complete and submit your application



What the steps of the claim process are

You can contact us on 1300 300 778 if you have any queries or need further information.

## What is a Total and Permanent Disability benefit?

A Total and Permanent Disability (TPD) benefit is money paid to you, if you become so ill or injured that you're unlikely to be able to work again. The money can be paid either as a lump sum or it can be used to set up a pension depending on your age. It can be paid in addition to an Income Protection benefit.

## Am I eligible for a TPD benefit?

You may be eligible for a TPD benefit if you've been away from work due to your illness or injury (a period of absence of three or six consecutive months may apply) and it's unlikely that you'll be able to do a suited occupation ever again.

If you haven't worked for 10 hours in a week in the thirteen months before your illness or injury, or if you don't return to work from employer approved leave when you're scheduled

to go back or within 24 months (whichever date is first), our insurer will also consider whether you can look after yourself, or if you have suffered loss of limbs and/or sight.

Our insurer will use the information provided by you and your doctors to assess your eligibility for an insurance benefit (if you had insurance with Rest at the date of your disability). Our final review will confirm if you can be paid a TPD benefit, as well as your super account balance.

You can find more information about the definitions of TPD, eligibility criteria and a summary of the standard exclusions and limitations that apply to TPD cover, in the Insurance Guide for your Rest product at [rest.com.au/pds](https://rest.com.au/pds). Or, you can call our claims team and we'll talk them through with you.

## What benefit am I entitled to receive?

The TPD benefit you may receive is made up of your TPD insurance cover (if you had any with Rest) and the money in your super account at your date of disability.

You can see how much TPD cover you have by checking your account details in MemberAccess or the Rest App, or by calling us. The amount of cover shown in MemberAccess may be different from the level you can claim if your date of disability is earlier. If you're claiming your account balance, the final amount paid may be subject to any outstanding transactions such as interest or fees.

Death and TPD benefits are linked, so if you receive a TPD payment, any death cover you hold will be reduced by that amount. Any remaining death cover (if any) will continue as long as there are enough funds in your account to pay premiums, or until your cover otherwise ends under the policy terms.

## How long will my insurance claim assessment take?

The time will vary depending on the information we need to assess your claim.

It's important that you provide Rest with all the initial claim information we request. This means we can pass your claim onto our insurer as soon as possible to start assessing your claim. If you submit your claim documents to Rest via our online portal, these are sent to our insurer within 24 hours. If you send Rest claim documents via post, we will submit these to our insurer within five business days of receiving them.

## Permanent Incapacity

### Did you know you may be able to access your account balance while your TPD claim is being assessed?

You can also claim for permanent incapacity (PI) if you become so ill or injured that you're unlikely to be able to work again.

We will need two doctors to complete forms that certify you as permanently incapacitated.

This is a different assessment to your TPD benefit and will have different timeframes.

Acceptance of a permanent incapacity claim does not guarantee an acceptance of the TPD Insurance claim.

Once your PI claim is accepted, we recommend you consider how much to leave in your account to maintain any insurances and to keep your Rest account open.

Please contact Rest if you would like to claim your account balance under permanent incapacity.

Our insurer has committed to meeting the Financial Services Council Life Insurance Code of Practice (Life Code) timeframes to make claim decisions. For TPD claims, this is no later than six months after they are notified of your claim or six months after the end of your waiting period (whichever is later).

In some instances, our insurer may not have received all required information within that time to reach a decision. If our insurer can't meet these timeframes, they'll advise you of the reason for this. If you're not happy with the way we have handled your claim, you can lodge a formal complaint. You can find out more about our complaint process at [rest.com.au/complaint](https://rest.com.au/complaint).

Once a decision has been made by our insurer, we'll review this decision to make sure it's fair and reasonable. This review process can take up to 15 business days.

### Can I nominate someone else to make enquiries related to my claim?

Yes, you'll just need to complete a Third Party Authority form to let us know. We'll send the form to you when you talk to us about lodging a claim.

### Do I need a lawyer?

Your claim will be handled with the same due care whether you are legally represented or not. We suggest you have a chat with us before seeking legal assistance, as most claims can be finalised without legal intervention and associated costs.

### How is payment made if my claim is accepted?

To be paid a TPD benefit, the Trustee needs to be satisfied that you meet the legal requirements for the money to be released from your superannuation account.

We'll contact you to find out if you'd like a full or partial withdrawal. There may be financial or tax implications and you may wish to get independent advice from a licensed adviser.

### What happens if my claim isn't accepted?

If your claim isn't accepted by our insurer, the Trustee will review the decision within 15 business days of receiving the decision to make sure it's fair and reasonable. We'll explain to you the reasons for this decision within five business days of our review.

If you're not happy with the claim decision, you can lodge a formal complaint. You can find out more about our complaint process at [rest.com.au/complaint](https://rest.com.au/complaint).

## The claim process

### Submission of your claim

Review and submit your claim through the Rest claim online portal. Or if you've chosen to post or email, follow the submission instructions we'll send to you.

Rest will send your claim to our insurer if you have insurance, or if you don't, directly to the Trustee.

### Insurer assessment and decision *(only applies if you have insurance cover)*

Your claims manager will call you to discuss the assessment process and provide their contact details. They will then assess your claim and forward their decision to the Trustee.

They may request additional information to assist with their review. They'll stay in touch and keep you updated on progress via your preferred method of communication - email, post, phone.

### Trustee decision

Once our insurer makes a decision, they will send their decision to the Trustee.

We will review their decision to determine if it is fair and reasonable. We will advocate on your behalf if we do not agree with our insurer's decision.

### Decision notice

You'll be notified via email and phone of the outcome and if successful, we will confirm payment options with you.

If your claim is declined, we will notify you in writing, outlining the reasons for this. If you do not agree you can make a complaint.

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[rest.com.au/contact-us](https://rest.com.au/contact-us)  
for operating hours



### Live Chat

[rest.com.au](https://rest.com.au)



### Download the Rest App



1300 300 778



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