



NOBLEOAK

# Client Care Guide 8

MAKING A CLAIM

Client Care Guide issued by:

NobleOak Life Limited

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# Client Care Guide 8

## Making a claim

### About this guide

NobleOak Life Limited (NobleOak) is bound by The Life Insurance Code of Practice (the Code). You can find a copy of the code at our <https://www.nobleoak.com.au/about-us/code-of-practice/>

The objectives of the Code are to ensure that we:

- Deliver a high standard of customer service throughout your relationship with us
- Continuously improve the services we offer you
- Communicate with you in plain language unless medical or other technical terminology is needed
- Seek to increase consumer trust and confidence in the life insurance industry.

The Code deeply resonates with NobleOaks' own values which has been built around the principles of Clarity and Transparency, Fairness and Respect, Honesty, Timeliness and Plain Language.

As part of NobleOaks' commitment to the Code, we have developed Client Guides that set out the standards you can expect from our services every step of the way.

At NobleOak we understand that when making a claim our clients are facing one of the most difficult times in their lives. We know how important getting your claim paid quickly is. Our experienced claims team will treat you with empathy, compassion, and respect, and keep you updated every step of the way.



## Making a claim

You can make a claim by calling **1300 551 044** or emailing [claims@nobleoak.com.au](mailto:claims@nobleoak.com.au) our dedicated and experienced Claims Team will guide you through the process.

## Information we'll ask for

The information we will need to assess your claim will vary depending on the type of cover you have with us and the complexity of your circumstances.

### Initial Assessment

For Income Protection, Trauma, Terminal Illness or Total and Permanent Disablement claims, we'll ask for an Initial Claim Form and Medical Attendant's Statement. For terminal illness claims, we'll ask for 2 Medical Attendant's Statements.

We'll also ask for specific documents like certified ID, medical reports or Medicare records, financial statements and tax returns depending on the type of claim you make. We'll only ask for what we need for in your individual circumstances.

For Life Cover claims, the specific documents require depend on the structure of your cover, whether a nominated beneficiary is named and the amount of cover. In addition to the claim form and death certificate, the documents required will be explained to you when you notify us.

We'll ask you to sign an authority to release information from third parties, such as medical practitioners or accountants. We'll always let you know when we use your authority and give you the opportunity to provide the information in a different way, if you prefer.

### Ongoing Assessment

From time to time, we will ask for ongoing medical certification or other information required to satisfy your policy definition. We won't require your doctor to complete ongoing statements when it isn't necessary.

If we can make things easier by taking information from you over the phone instead of a form, we will.

We may need to request ongoing financial evidence from you in order to calculate your monthly benefits.

If you are having trouble meeting any request we make, speak to your Claims Assessor. There may be an alternative.

When we request information, we will do so at the earliest opportunity and avoid multiple information requests where possible. Your Claims Assessor will explain why we have asked for something, and If you are having difficulty providing something, we will work with you to find a solution.

## Communicating with us

We will keep you informed every step of the way. You can expect your dedicated Claims Assessor to contact you **within 10 days** of lodging your claim. They'll provide you with their direct contact information and explain what to expect from here.

If we aren't able to make a decision immediately, we'll keep you and your representative updated at least every **20 business days** until a decision can be reached.



If your claim is for income protection, you can expect your Claims Assessor to take time to understand your circumstances, and how your condition has affected your life. This helps us ensure that all the benefits in your policy are properly considered, and that we provide you with appropriate support to return to work and wellbeing after illness or injury.

As a subscriber to the Life Insurance Code of Practice, NobleOak is committed to achieving timeframes prescribed by the Code. When we cannot do this, we will notify you of the reasons why we could not meet the prescribed timeframe, provide further options, and advise how you can make a complaint if you wish to do so.

## The Outcome of your Claim

Your Claims Assessor will inform you of the outcome your claim **within 15 days** of receiving all the information we need to reach a decision.

For income related claims, benefits are paid monthly in arrears after completion of the waiting period.

We'll pay you **within 5 days** of us receiving everything we reasonably need to process a payment.

For life insurance claims, after a claim is admitted, sometimes we need additional information to make a payment that cannot reasonably be requested sooner. We'll let you know if this is the case and guide you through the requirements.

## Declined Claims

We follow the Procedural Fairness practices prescribed in the Code. This provides you the opportunity to review our assessment and provide any further information you would like us to consider before we finalise our decision.

If we decline your claim, we'll let you know our reasons in writing.

To help you understand our decision, you're entitled to request copies of the information we relied upon. Sometimes we'll provide this information to your doctor instead if we think this is more appropriate. You'll also be able to provide additional information and/or to request a review of our decision.

If you remain dissatisfied with our decision, you can take the matter further through our complaints process. Details of the complaints process are available in this guide and will be communicated in any decline letter.

## Our Complaints Process

If you're unhappy with any aspect of your experience with us or have any concern about the time we're taking with your claim or our claim decision, please contact us in the first instance. If you'd like to lodge a complaint, you can contact our Client Care team. We'll make every effort to try and resolve your complaint as quickly and fairly as possible. You can contact us on the below details:

### NobleOak Client Care

- **Call:** 1300 396 455  
8.00am-6.00pm Mon-Fri (AEST)
- **Email:** [clientcare@nobleoak.com.au](mailto:clientcare@nobleoak.com.au)
- **Mail:** NobleOak Life Limited,  
GPO Box 4793, Sydney NSW 2001
- **Website:** [www.nobleoak.com.au/complaints/](http://www.nobleoak.com.au/complaints/)

Client Care will acknowledge your complaint within **1 business** day of receiving it. We will aim to resolve your complaint within **5 business days** and no later than **30 calendar days**.

Where there is a possibility that the 30 day timeframe may not be met (for example if the matter is particularly complex or where there are circumstances outside of our control). We will contact you before the end of the 30 day period advising of the delay and outlining the reasons for the delay.



If your complaint is not resolved to your satisfaction by the Client Care Team, or a final response has not been provided within 30 days, you can refer your matter to the Australian Financial Complaints Authority (AFCA).

AFCA is an independent dispute resolution service provided free of charge. For more information, please visit their website at [www.afca.org.au](http://www.afca.org.au)

AFCA contact details:

**Australian Financial Complaints Authority**

GPO Box 3

Melbourne VIC 3001

- **Phone:** 1800 931 678 (free call)
- **Website:** [www.afca.org.au](http://www.afca.org.au)
- **Email:** [info@afca.org.au](mailto:info@afca.org.au)

General information about life insurance complaints can be found within the Code. Further information about the NobleOak complaints process can be found in our Client Guide - Managing Your Concerns.

## Our Privacy Policy

The collection and use of your information is subject to privacy legislation as set out in the NobleOak privacy policy: [www.nobleoak.com.au/privacy-policy/](http://www.nobleoak.com.au/privacy-policy/)

## The Life Insurance Code of Practice (the Code)

All life insurers are subject to the Code. The Code sets out timeframes for insurers to respond to claims, complaints, and requests for information from customers.

NobleOak, is committed to servicing you much faster than these timeframes require. However, so you're aware of the minimum service standards we must meet, we've set them out here for you. You can access the full code at our website <https://www.nobleoak.com.au/about-us/code-of-practice/>

## Information required from you

Within 10 business days of being notified of your claim, we will explain your cover, the process, why we need any information we've asked for. We will also provide you with the name and contact details of your claims assessor. We will seek the information we need as soon as we can and try to avoid multiple requests.

If you disagree with the relevance of any information we request, we will review the request. If you remain dissatisfied, you may take the matter further through our complaints process.

If you disagree with the general consent form, and instead authorise us to seek information from a particular source, then this may delay our assessment or mean we are unable to complete the assessment until further authorities are given.

If you tell us you're having trouble providing the information we've requested, then we will work with you to collect the information on your behalf

For Income Protection claims, we'll seek to identify ways we can support your recovery through collaboration with your doctor, employer and other health professionals.

## Information required from third parties

If we require you to attend an independent medical examination, we will cover the costs of the appointment itself (excluding missed appointment fees), extraordinary travel costs and the production of their report to us.

If you request, you can choose from a list of our medical practitioners, though this may cause delays depending on the selected medical practitioner's availability.

We will give third parties 10 to 20 business days to provide us with their report or records. If they miss this deadline, we'll let you know and keep you informed of progress.

You can request a copy of their report, which we'll send to you, or your usual doctor if more appropriate.

## Assessment process

When you make a claim, we'll consider all the features of your cover to ensure you're claiming all your entitlements.

If while we're assessing your claim, you tell us you are in urgent financial need of the insured benefits, we will prioritise your claim and where possible make an advance payment. We may ask for documentation to support this request, such as your Centrelink and bank statements or employer records.

If you feel you are, or our team identify you as in a vulnerable situation we will find appropriate additional support for you to assist with the claims process.

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.

If we require an interview to be carried out, we will explain first how this will work, together with your rights. We will restrict the use of investigators and surveillance, to ensure your legitimate right to privacy, and ensure any investigators appointed by us adhere to the standards prescribed in the Code.

You are entitled to copies of all information we have relied on in an adverse claims decision and you will always be given the opportunity to provide additional information or request a review, or lodge a complaint.

## Assessment timeframes

We will respond to any information requests from you **within 10 business days**.

We'll keep you informed of progress at least every **20 business days**.

- Once we have all the information we need to make a decision on your claim, we'll let you know our decision **within 10 business days**.
- For Income Protection claims, our decision will be no later than **two months** unless there are circumstances beyond our control.\*
- For other claims, our decision will be no later than **six months** unless there are circumstances beyond our control.
- For superannuation claims and complaints, we will respond to the trustee in ample time for them to meet their required timeframes.

\* Circumstances Beyond Our Control are defined in the Code. For example, when delays are incurred from third parties or yourself. If this applies, we will inform you in writing and explain our reasoning. If you disagree with our reasons, we will review our position. When this applies, we have up to 12 months from when we were notified of the claim to make a decision. If we are unable to reach a decision by then, you are entitled to make a complaint.





## Benefit payments

We will pay claims promptly once admitted. If your benefit payment is going to be delayed over 5 business days, we will notify you beforehand with reasons.

When we pay, or offer to pay, lump sum payments, we'll suggest you seek financial advice, and if appropriate legal advice, to help manage the payment.

If your ongoing Income Protection benefit payments are going to be later affected due to the terms and conditions of your cover, we'll notify you three months beforehand. If they are going to be stopped, we'll notify you as soon as possible, or at least one month beforehand.

## Making a claim

Send your completed claim form to: [claims@nobleoak.com.au](mailto:claims@nobleoak.com.au) or by mail to

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

If you need any assistance please contact us:

- **Call:** 1300 551 044 8.00am-6.00pm Mon-Fri (AEST), or
- **Email:** [claims@nobleoak.com.au](mailto:claims@nobleoak.com.au) and we'll get back to you within **1 business day**

This document is a guide to the claims process. Benefits are determined and payable in accordance with the NobleOak Benefit Fund Rules (BFR). A copy of the BFR is available to you upon request.





# NOBLEOAK

*The smarter way to insure your life*

## **CONTACT US AT NOBLEOAK**

Quotes & Applications: 1300 041 494

All other enquiries: 1300 551 044

By mail: NobleOak, Freepost, GPO Box 4793

SYDNEY NSW 2001 (no stamp required)

By email: [enquiry@nobleoak.com.au](mailto:enquiry@nobleoak.com.au)

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