



Incolink Building and Construction Industry Illness Benefits Program - Tasmania

This brochure assists workers in understanding the benefits that apply under the Leisure Time Illness & Bill Payer covers administered by Incolink, and the circumstances under which these benefits may be claimed.



Incolink was established in 1988 as the industry redundancy scheme to support workers between jobs.

As well as managing funds for workers, Incolink supports the industry with a range of benefits and services.

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IMPORTANT DISCLAIMER & COPYRIGHT

The Incolink Illness Benefits program brochure is only intended to provide a general overview of the benefits available under the various insurance policies governing the Illness Benefits program. It does not contain all the information that may be relevant to the matters included in it. The information is provided as a matter of interest only – **this information is not an insurance policy.**

Conditions apply to the benefits that may be available under those insurance policies. These conditions are not fully set out in this brochure. You should:

- not act in reliance on the information contained in this brochure;
- check the accuracy, reliability and completeness of any information; and if necessary
- obtain independent and specific advice before acting.

This brochure has been produced to assist you in understanding the benefits that may apply under the various insurance covers administered by Incolink and the circumstances under which these benefits may be claimed.



Please note: Incolink is only the administrator of the Building and Construction Industry Illness Benefits program. The Insurance Policy is arranged by Windsor Management Insurance Brokers ACN 083 775 795 AFS Licence Number 230747 and distributed by Incolink. Incolink does not manage or process claims. Incolink is not a holder of an Australian Financial Services Licence and does not give any advice in relation to those insurance policies.

The Illness Benefits program policies being Leisure Time Illness/Bill Payer Benefits are underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence number 239545. All claims under these policies are managed by Total Claims Solutions ABN 42 389 515 023, who have been appointed as Claims Manager on behalf of QBE Insurance (Australia) Limited.

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Leisure Time Illness/ Bill Payer Benefits

A. Important Definitions/Information

B. Leisure Time Illness - Weekly Benefits

C. Bill Payer Benefits

Cover is only available for those workers where the employer has agreed and continues to pay the weekly premiums. You can check that your payments are up to date and that your employer is paying your weekly premium by logging into WorkerLink via the Incolink smartphone app, or incolink.org.au or by calling Incolink on **(03) 9639 3000**.

If a period exists where no premium payments have been paid on your behalf, then no cover will apply for such period.

Gaps in premium payments will mean no cover.

Premium payments must be current at the time of injury or else worker members may not be covered. Non-current premium payments will not be accepted and will be refunded.

A. Important Definitions/Information

Worker

Means a worker (including an apprentice) who is currently obtaining a salary and actively working for a registered Incolink employer member and whose insurance premiums payable are current at the time of illness.

Dependants

Means the worker's spouse (or partner with whom the worker has cohabited for not less than three (3) consecutive months), whose gross earnings commencing 1 October 2016 are less than \$18,200 per year in the 12 months immediately prior to the date of disablement, or the date the worker first becomes disabled from the illness, and the unmarried financially dependent children of the worker up to 16 years of age, or up to 25 years of age if a full time student at the date of disablement.

When does cover cease?

- Upon a worker's 70th birthday.
- If your insurance premiums are not current at the time of your illness.
- If you commence working for an employer who is not registered with Incolink.
- If you are unemployed at the time of your illness.

B. Leisure Time Illness – Weekly Benefits

Provides cover to workers only, where a worker suffers an illness in their leisure time which prevents a worker from working. The illness:

- must require treatment to be sought from a registered medical practitioner with disablement commencing during the period of insurance, and
- is not an injury, and
- does not give rise to any entitlement to compensation under any statutory workers compensation scheme.

When do payments commence?

Once the claim has been accepted, payments commence from the 15th day onwards from the date a worker first seeks medical advice/treatment from a registered medical practitioner and is disabled which has not been separated by a return to work.

It is a requirement under this Policy that the worker first exhausts all available sick leave from their current employer and all available Portable Sick Leave Insurance (PSLI) days the worker may have accumulated under the PSLI program.

PLEASE NOTE: If your sick leave entitlements together with any available PSLI days exceed the standard excess period (14 days), weekly benefits will not commence until your sick leave entitlement and/or PSLI benefits have been exhausted.

Example 1

If you have 12 sick leave days available with your current employer and you have 10 days accumulated under the PSLI program your weekly benefits will commence once your sick leave days and PSLI days have been exhausted. Benefits will commence after the day of your last PSLI payment.

Example 2

If you have 5 sick leave days available with your current employer, and you have 2 days accumulated under the PSLI program, your weekly benefits will commence from the 15th day. The standard excess period of 14 days will apply.

Payment period

Weekly benefits are paid (up to a maximum of 52 weeks) while a worker continues to suffer disablement and is unable to return to their occupation as a result of the illness.

Weekly Benefits Payable

Weekly Benefits	
With Dependants	\$850
Without Dependants	\$630
Apprentice with Dependants	\$480
Apprentice without Dependants	\$350

Any disablement must occur within 12 months from the date of illness.

What is not covered?

A claim will not be paid if it directly or indirectly arises from any of the following

1. Pregnancy, childbirth or miscarriage or any complication arising from any of those conditions.
2. War, whether declared or not, invasion or civil war, rebellion or insurrection.
3. Any act of terrorism, regardless of any cause or event contributing concurrently or in any other sequence to the loss.
4. Intentional self injury or suicide or any attempt at suicide.
5. Flying or other aerial activity unless a passenger in a properly licensed aircraft.
6. A worker's criminal or illegal act.
7. Training for or playing in any professional or non-professional sport, or activity organised by any sporting organisation, authority, club or centre.

8. A worker's use of alcohol or drugs unless the drugs have been prescribed by a registered medical practitioner and used as per the registered medical practitioner's instructions.
9. Any medical condition for which a worker has required treatment or advice from a doctor, chiropractor or physiotherapist in the six (6) months before the commencement date of their cover.
10. The Policy does not provide benefits or entitlements to benefits to an insured person for any period when they are serving a prison sentence or whilst outside of Australia.
11. We may also be entitled to refuse to pay or to reduce the amount of a claim if:
 - It is in any way fraudulent.
 - Fraudulent means or devices are used by you, or anyone acting on your behalf to obtain any benefits under this Policy.

C. Bill Payer Benefits for Illness

Provides cover to workers only, in the event a worker is receiving a weekly benefit due to illness. We will also reimburse paid bills.

Bills are limited to:

- Electricity bill
- Water bill
- Gas bill
- Telephone bill (landline or mobile)
- Tuition fees (for primary school, secondary school or tertiary education for a worker's dependents)

You will be reimbursed up to \$250 per bill, up to a maximum of \$5,000 for all bills for any one period of disablement.

Bill payer conditions:

- Bill must be issued within the period of disablement.
- No reimbursement for any late fees applicable to any bill.
- Bills will only be reimbursed to the worker (or if in joint names where the worker is one of the named addressees) and for the worker's residential address.
- In the event of a joint mobile phone bill where there are two or more mobile services, we will only pay the portion of the bill that applies to the worker.

Frequently Asked Questions

Q Who will assess my claim?

A Total Claims Solutions are appointed as claims managers of the insurance company. Total Claims Solutions are Incolink's dedicated claims team to assist you with your claim.

Q Do I need to complete all sections of the claim form?

A Yes, a claim form cannot be considered until we receive the form completed in FULL. Incomplete answers and vague information will delay the assessment of your claim.

Q What other information do I need to submit with my claim?

A Copies of any medical reports and/or discharge summary, patient notes, radiologist's reports that you may have been provided with will assist with the assessment of your claim. Proof of dependency will also need to be submitted if requested on the claim form to determine your weekly benefits.

Q How long does it take for a claim to be considered?

A The initial assessment of your claim may take between 5 to 6 weeks, depending on the information required on your claim (delays will occur where the forms have not been completed in full).

Q Can I email through my claim form?

A Yes, however it is important the original claim form is sent prior to considering a claim.

Q Do I have to wait 14 days before sending in my claim?

A No, if it appears that you are going to be off work for more than 14 days, you should complete a claim form and send it to Total Claims Solutions immediately.

Q What is the maximum benefit period I can claim for?

A Weekly benefits are only payable for a maximum period of 52 weeks whilst deemed medically unfit to work as a result of your illness or such lesser period whilst you are unable to return to work.

Q If I'm entitled to have my bills paid and the bill is in my spouse's name and we live at the same address, does our bill get paid?

A No, the bill must include the worker's name and the bill must be addressed to the worker's residential address only (no P.O. boxes).

Q Does Bill Payer cover me for my rates?

A No, you are only entitled to claim for electricity, water, gas, telephone and tuition fees.

Q Can I claim my medical bills?

A No, legislation does not allow cover for medical costs. Cover is only for weekly benefits whilst you are medically unfit to work as a result of an illness.

Q How are my payments made?

A Payments are made fortnightly in arrears whilst we have a current medical certificate. Payments can be either made by cheque or Electronic Funds Transfer (EFT).

Q How can I check that my redundancy payments are being paid on my behalf and are current?

A By logging on to WorkerLink via the Incolink smartphone App or incolink.org.au or by calling Incolink on **03 9639 3000**.

Q What if there are late fees and do I send the bill directly in for payment?

A Late fees will not be reimbursed. You must pay the bill first and then send your paid bill to get reimbursed.

Q Is tax taken out of my weekly payment from the claim?

A all payments made before 14 November 2016 were gross as shown on the remittance advice and tax was not deducted. These payments are taxable and should be included in your tax return. From 14 November 2016, QBE withholds tax from weekly payments as requested by the ATO. At the end of the financial year you'll receive a Payment Summary which will show all payments and tax withheld for the year. If you need help, please contact your accountant, financial advisor or the ATO on 13 28 61.

Q What is the internal dispute resolution process?

A If you have any concerns about your claim please put your reasons for dispute in writing and we will review your file. All disputes will be reviewed internally by Total Claims Solutions. If you disagree with the decision, you can request the matter to be further considered by QBE Insurance (Australia) Limited's Internal Disputes Resolution Team, if applicable. Please contact us for a brochure that sets out this process.

If you are unable to resolve your dispute you can contact the Financial Ombudsman Service Australia on **1800 367 287** (freecall) between 9am-5pm AEST/AEDT weekdays or **info@fos.org.au**

All matters relating to accidental dental cover will be referred to Windsor Management Insurance Brokers.

Q Is there a limit to how much I can claim for bills using Bill Payer?

A Yes, the maximum you can claim for any one bill is \$250, up to a maximum of \$5,000 for all bills claimed during any one period of disablement.

Q Where is Total Claims Solutions?

A Level 1, 151 Rathdowne Street, Carlton.

Q Where do I get a claim form?

A Download claim forms from the following locations:

Incolink **incolink.org.au**

Total Claims Solutions **totalclaimssolutions.com.au**

Once my claim is approved how long until benefits are paid?

A Payment can be made the same day the claim has been approved as long as we have a medical certificate on file for the applicable periods. Payments are made by cheque or EFT. If payments are made by EFT, funds will appear within 48 hours. If payments are made via cheque, the cheque will be posted within 5 working days.

Q Who can I talk to if I need help in filling out the form?

A Ask to speak to a case manager at Total Claims Solutions.

Phone: **(03) 9663 2411**

Email: **totalclaims@totalclaims.com.au** or

Or contact Incolink's Field Liaison Officer

Phone: **0419 864 135**

Email: **redund@incolink.org.au**

Steps to Lodging a Claim

Worker members of Incolink may be eligible to lodge an insurance claim under Incolink's Leisure Time Illness Benefits program.*

Step 1 – Request a Claim Form

If you believe you may have suffered an illness that may result in an insurance claim, contact Incolink **(03) 9639 3000** or Total Claims Solutions **(03) 9663 2411**.

Alternatively, to download the appropriate insurance claim form visit Incolink at incolink.org.au or Total Claims Solutions at totalclaims.com.au

Step 2 – Filling in the Incolink Insurance Claim Form

Complete all sections of the claim form in FULL. To support your claim, please include copies of medical reports, discharge summary, patient notes, radiologist's reports and any other relevant information.

Step 3 – Lodging Your Claim

Once completed, send the claim form to:

Total Claims Solutions
Level 1, 151 Rathdowne Street
CARLTON VIC 3053

Ensure you double-check that ALL sections of the claim form have been completed correctly before sending. Incomplete claim forms will delay the assessment of the claim.

Step 4 – Receiving the Claim

Your claim will be assigned to a Total Claims Solutions' case manager who will contact you to discuss your claim.

PLEASE NOTE: Insurance cover is only available for those workers where the employer continues to pay the relevant premium payments. If a period exists where no premium payments have been paid on your behalf while employed, then no cover will apply for such period.

*Terms, conditions and exclusions apply.

Total Claims Solutions Pty Ltd ABN 42 389 515 023 is acting as Claims Managers on behalf of QBE Insurance (Australia) Limited ABN 780 0319 1035



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incolink.org.au

For all enquiries about the information supplied in this brochure or to request a claim form, please call:

Windsor Management Insurance Brokers P/L
AFS Licence Number 230747 ACN 083 775 795

Level 1, 151 Rathdowne Street, Carlton, Vic 3053
Phone: (03) 9663 2411 Facsimile: (03) 9663 4288
Website: wmib.com.au

Total Claims Solutions Pty Ltd
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