

SUBMISSION ON POLICY ISSUES RAISED IN ROUND 6

Submitted By: [REDACTED]

Email: [REDACTED]

Phone Number: [REDACTED]

Submission for: My Self

Name of other person, business or organisation:

Do you agree to your submission being published: Yes

Do you agree to your full name being published: No

Your submission:

In 2010, I was approached by a financial planner and advised to switch my trauma, total permanent disability and income protection insurances to [REDACTED]. I have had continual insurance cover since 2001 and when I switched - I did not expect anything to go wrong.

In short, in August 2010 - I became very sick. I suffered a mucus plug in my lungs; it was random and no cause. I lost the ability to breathe. I very much nearly died in a bronchoscopy - a procedure my respiratory physician suggested could help. I am still not 100% with my breathing and lung function..

I submitted a claim in 2010 knowing I was seriously not well.

Here is a timeline of my communications with [REDACTED]

11/8/10 submitted claims forms by fax and post

17/8/10 claim denied FAST

25/10/10 submitted claims forms - as [REDACTED] requested. By post

28/10/10 submitted claims forms - DID NOT RECEIVE. FAXED INSTEAD

4/11/10 [REDACTED] say I have not sent enough information. Financials provided as requested by [REDACTED]

24/11/10 apparently they responded to me - not received by me

8/12/10 submitting financials AGAIN (dated error 19/3/17)

10/12/10 P/L request INSTEAD!

13/12/10 submitting more details P/L sent

31/12/10 P/L not what they want. Another change of instructions!!!

5/1/11 Resubmitted claim information - company financials. This is not business insurance. They seriously cannot think I am lodging a business claim??

14/3/11 Claim denied - they think it is BUSINESS INSURANCE.....

19/3/11 Discussed submitting Trauma claim with [REDACTED] state manager because Income Protection seems too impossible

3/4/11 No response from [REDACTED] re Trauma claim

6/5/11 complaining that my case isn't being handled well. No response. Delays. Resubmitting EVERYTHING. Changed to [REDACTED] as Case Manager.

24/8/11 Claim resubmitted as requested by [REDACTED]. I faxed and posted.

28/10/11 another email because [REDACTED] has not responded. When she did respond, she said documents haven't been received. Claims documents RESENT.

31/10/11 [REDACTED] requesting full access to Medicare and PBS files. Time expiry from initial submission/s. This is signed on

again. Re-sent.

31/10/11 [REDACTED] requesting me to submit another GP report (third one, plus specialist ones)

1/11/11 [REDACTED] re-requesting my financials - AGAIN. RE-submitted.

18/4/12 [REDACTED] denied claim. Disputing business income is not my income from my work. AGAIN I AM NOT CLAIMING FOR BUSINESS INSURANCE

24/5/12 claim to be reopened showing [REDACTED] financial verdict submitted to verify that MY income dropped.

3/11/11 all financials resubmitted

18/11/11 chasing down a response since pretty much re submitting all the claim details and reports were never acted on

7/12/11 chasing for a response as above. No reply

12/12/11 [REDACTED] CANCELLED AN INDEPENDENT MEDICAL EXAMINATION THAT THEY ORGANISED FOR ME

25/1/12 Time to chat to [REDACTED] State Manager about how woeful my case management is. State Manager said to bring to the ombudsman.

11/5/12 [REDACTED] explains 3 reasons why [REDACTED] says I don't have a claim. That I am working (barely!), I am not sick (so many dr reports) and my income has not dropped (it has!) I dispute each reason.

19/9/12 more P/L to be submitted. ITS NOT BUSINESS INSURANCE.

9/10/12 [REDACTED] has accepted my health claim, but wants claim forms submitted AGAIN (time expiry). Re Submitted.

9/10/12 new claim. [REDACTED] for medical report.

25/10/12 chasing for a response.

1/11/12 asking for financials

12/11/12 resubmitted more P/L. They just don't know what they are doing. HEALTH WAS ACCEPTED. BUT NOT FINANCES (THEY CLAIM BUSINESS INCOME IS PERSONAL)

10/12/12 Letter from [REDACTED] I found this intolerable. They are not managing my case. They are fudging me off. They revert to saying there is no "medical evidence" supporting my claim despite all my doctors letters and bronchoscopy

Then I went to the Ombudsman.

The mediation meeting went poorly. I was put in a dead end position. Cornered. [REDACTED], [REDACTED] and [REDACTED] (financial planner) ALL told me I had to sign and accept the \$20 000 settlement release plus \$10 000 return of policy fee's - [REDACTED] were not going to accept my claim. [REDACTED] said that if I walked away without signing and accepting and releasing [REDACTED] with a Deed of Release, that I would not receive anything.

Since, I have seen a lawyer; [REDACTED] and he has told me this is deceptive of [REDACTED] and my financial planner.

I cannot express how deeply failed I feel, and how exhausted I am at this entire process. I understood my insurance was there to protect me, however it only caused more angst, depression, anxiety and hopelessness.

I understood I was insured by [REDACTED] for my income and total and permanent disability.

[REDACTED] took my policy fee's, and when they needed to pay me for a claim, they instead said they would not accept my claim. They threw salt into the wound when they offered me a small sum of money for me to release them of their obligations.