SUBMISSION ON POLICY ISSUES RAISED IN ROUND 5

Submitted By: [redacted]
Email: [redacted]
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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:

Complaint regarding my disablement benefit paid by my Superannuation, [redacted] was an academic in Australian Universities for over 20 years. When I was no longer able to work due to chronic illness, I made a claim through my Superannuation fund, [redacted] They approved a temporary incapacity benefit for 2 years. As my chronic illness continued to prevent me from working, I then became eligible for a permanent disablement benefit, which was paid as a pension for over 10 years. During this time, I had to submit regular medical reports from my doctors to show that I continued to meet the requirements for permanent disablement. On a couple of occasions, the Superannuation fund also required me to attend a specialist appointed by them, which I did, and their reports agreed with those of my treating doctors. However, in 2016, I again submitted medical reports from my treating doctors that said that I continued to be unable to work, but this time [redacted] asked me to attend medical assessments with two of their specialists. After I attended the appointments with the two specialists, [redacted] told me that one of the reports indicated that I don't satisfy the criteria for disablement. [redacted] s definition of Disablement: Disablement means, in relation to Divisions A, B and C, a state of health which in the opinion of the Trustee renders a Member permanently incapable of performing duties or engaging in employment for which they are reasonably qualified by training and experience where: (a) The Member has been absent from employment through injury or illness for three months within a period of twelve consecutive months immediately prior to ceasing to be in the Service; and (b) The Trustee is satisfied that the state of health is not due to or induced by any wilful action on the part of the Member to obtain a benefit. [redacted] told me that I don't meet the second criterion (b), because one of the [redacted] appointed specialists said that in his view it was my secondary gain issues from receiving benefits that contributed to my current presentation. I was very insulted that a specialist could make a judgment like that based on meeting me for an hour. I sent another specialist's medical report to [redacted] who agreed with my previous doctors' assessment that I was unfit for work, but this was rejected by [redacted] and my claim was cancelled. During the whole process, the stress and anxiety each time I received correspondence from [redacted] was exacerbating my symptoms, and I was unable to take the claim further due to ill health. I think it is very unfair to be accused of feigning the degree of illness by a superannuation company, based on one person's view, and yet they could disregard my doctors' reports (all three of them). To the insurance company, it is a financial gain if they can reject a claim, but they are adversely affecting people's lives and they should be held accountable.