

I am writing this letter in the hope that the Commission may help with my matter. I am a married 48-year-old father of two, with a mortgage. The following has led to my family living in financial hardship for the past 2 and a half years. With no signs of my Super fund starting payments.

In May, 2013 I had been employed by Bunnings Warehouse at Glendale, NSW for three and a half years. On the morning of the 13th May, 2013 – while completing the morning safety checks in the timber yard I had an accident. While removing a stick of Merbau timber which was laying across a painted walkway, a pack of Merbau timber fell towards me. My natural instinct was to catch the falling timber, which resulted in me being crushed.

The business kept me on after the incident for a further 3 years, eventually firing me on the 16th May, 2016 due to my permanent injuries. During this time, I had several procedures, numerous test etc – ending with me suffering with compartment syndrome to my dominate right hand and having neuropathic pain between my hand and elbow. This was further impacted by me developing Major depression disorder as a secondary issue, due to the constant pain and swelling.

My Worker's Compensation failed as I didn't have the evidence I now have (oddly from the Insurer of my worker's comp claim now aiding with my current super claim), nor the finances to follow through with the legal action. So, I only received 6 weeks payment for wrongful dismissal.

For the record, I did attempt to get on with life. I registered as unemployed with Centrelink on the 16th May, 2016 and was assigned to a disability employment agency (Castle Employment). After 12+ months of not being able to place me due to the injuries I was terminated by the agency on the basis of not being employable. To date I have yet to receive any payment from Centrelink.

On the day of my termination of employment with Bunnings (16th May, 2016), I applied for both my Income Protection and my Total Permanent Disability Payments through my Superannuation Policy Holder – [REDACTED]. Initially I was told payment would start in 60 days for one policy and 90 days for the other, this has changed countless times – I was even given a day once by my then claims manager [REDACTED] for payout of both claims. They [REDACTED] or their Insurer [REDACTED] have lost my claims ` - twice, made me re-submit claims and made countless excuses for delays in payment – i.e. requesting 1 item when they know they need more... This has at times added to my mental health being to the point of breaking and I have ended up curled up in a ball in the corner. [REDACTED] are currently investigating when my depression started as they claim it didn't start until it was diagnosed! And there for isn't apart of the claim, please we all know the pain and swelling go hand in hand with my depression – it's why I have the depression...

In March 2017, after receiving advise on my matter I applied for an outcome from the Super Complaints Tribunal, hoping this would expedite my matter. But this has led to further delays due to the Tribunal being inundated with similar matters. I have had one phone conference earlier this year in January without an outcome and another is scheduled for some time in the next 12 months – at this point.

My complaint essentially is that we have these policies to protect our families from such things happening. The glossy adverts don't depict me or what's happen to me over the past 2+ years, rather a happy family not noticing the drama that's just happened going on with life.

Due to the conduct of the Super fund and/or it's Insurer, we have had to exhaust my super - in a vein attempt to keep the wolves at bay (paying out all our debts except the mortgage). I now only have a small amount in my [REDACTED] account/fund, which is required to keep my TPD and Income Protection

going. We are currently looking to downsize our home and move further out, so we can afford our home – which we live in constant fear of losing.

The added financial/mental anguish they cause the individual is unbelievable and unchecked by anyone – as there isn't anyone following up on claimant's mental health. They simply prey on the weak and injured at their time of need. Waiting for them to give up their claim by using delaying tactics, or an exception to allow them to walk away unscathed. I can understand the rising number of suicides this industry has been responsible for, I have been close myself. [REDACTED] have pulled the rug from under me several times. I see myself on a daily basis as a burden to my wife and kids, and oddly they are all that keeps me going. I thankfully have been seen too – but many aren't. I am broken, and more so by the delays and financial difficulty this has caused. I know the industry expects mental health to play a factor in this process as it's been highlighted to me by the industry watch dog (SCT) – my name isn't on the paperwork; my wife's is in case something happens to me.

Why is this acceptable?

I didn't mean for the timber to fall on me that morning, and yet if they can find an exception they can use I will be left with financial hardship and the permanent injuries and mental torment – for life, and I had prepared for the worst (should it have happened) to happen. I have numerous specialist reports stating my injuries to be true and acknowledging that I'd never return to pre-injury abilities dating back to 2014, and yet we are delayed until they can't find that exception that allows the fund to walk away. I realise the fund has to answer to its shareholders, but at some point, surely, they become accountable for their actions and need to service the very people they're apparently looking out for later in life – it's fund and policy holders?

I would like to thank the Royal Commission for taking the time to look at my matter, I'm happy to supply further supporting medical reports if required and look forward to your response.

Regards,

Rod O'Farrell.