

ONEPATH CUSTODIANS – CLAIMS PHILOSOPHY

This document sets out the philosophy adopted by OnePath Custodians Pty Limited ('OPC') with respect to the assessment and management of insurance claims by members of a superannuation fund for which OPC acts as Trustee.

OPC (referred to below as 'we') operate to the following philosophy statements in relation to the pursuit and assessment of claims on behalf of a fund member or beneficiary. The Trustee's key philosophy is that all genuine claims which meet policy terms should be assessed and paid in a timely and professional manner. In addition:

- We will adopt a courteous, respectful, transparent, honest and sensitive approach in our dealings with members and beneficiaries recognising that they are likely to be experiencing medical, emotional or financial difficulties at the time of a claim.
- We will work with insurers to make the claim process easy for members and beneficiaries to access. We will assist members and beneficiaries to understand what is required of them in order to have their claim assessed, and communicate with members and beneficiaries to assist in setting their expectations of the claims process.
- We will provide members and beneficiaries with the opportunity to provide additional supporting evidence to support their claim, and ensure that 'procedural fairness' is provided throughout the process.
- We will assess claims in a timely manner and will provide members and beneficiaries with regular updates on the progress of their claim. Members and beneficiaries will have a centralised point of contact through which they can seek updates on the progress of their claim.
- Our communications will be clear, timely and in plain language to assist members to understand the role of insurance in superannuation, details of their insurance cover and to explain the decision of the Insurer and Trustee.
- We will oversee the progress of their claim to minimise delays and intervene if we become aware that the insurer is not complying with the timeframes outlined in the Financial Services Council Insurer Code.
- We will act as the member's advocate in the pursuit of the claim with the insurer(s), and will do everything that is reasonable to pursue a claim on a member's behalf where that claim has a reasonable prospect of success.
- We will apply a balanced assessment to claims and consider the facts and merits of each claim.
- We will hold insurers to account to the terms and conditions of the insurance policy, agreed service levels, and enforceable industry codes of conduct.
- We play a visible role and will assist members and beneficiaries in understanding the reasons for the insurer's and the Trustee's decision if a claim is declined, and advise the member or beneficiaries of the avenues available to them should they wish to pursue the matter further.
- We will adhere to appropriate quality standards and governance frameworks, and will adhere to the Trustee's approved delegations framework.
- We will at all times operate within the regulatory requirements imposed on Superannuation Trustees with respect to insurance arranged through superannuation.
- We will adopt a continuous improvement approach to systems and processes.
- If we become aware of any errors or mistakes in the claim process or in the information requested, they will be addressed promptly. We may request more information to correct errors or mistakes.
- We will strive to make ongoing improvements to the member experience through the claim process by listening to feedback from customers.
- We will respond to complaints immediately and provide information in relation to the complaints process if the member is not satisfied with the Trustee's decision.