

claiming a benefit for a terminal illness or terminal medical condition

HESTA

If you are diagnosed with a terminal illness or terminal medical condition, you may be eligible to claim for:

1. Death Cover – terminal illness insurance benefit, and/or
2. the early release of your superannuation balance due to a terminal medical condition.

This document explains how you can make a claim for either or both of the above insurance and superannuation components.

When can I claim for the early release of my superannuation account benefit?

If you have been diagnosed with a terminal medical condition you may be eligible for the release of your superannuation benefit. A terminal medical condition exists in relation to a person at a particular time if the following circumstances exist:

- a) a medical practitioner and a medical specialist have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of the certification;
- b) the medical specialist must be practising in an area related to the illness or injury suffered by the person;
- c) for each of the certificates, the certification period has not ended.

When can I claim the Death Cover Terminal Illness benefit?

If under age 70:

- a) a medical practitioner and a medical specialist have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of the certification;
- b) the medical specialist must be practising in an area related to the illness or injury suffered by the person;
- c) for each of the certificates, the certification period has not ended.

If between age 70 and 75:

- a) a medical practitioner and a medical specialist have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 6 months after the date of the certification;
- b) the medical specialist must be practising in an area related to the illness or injury suffered by the person;
- c) for each of the certificates, the certification period has not ended.

Do you have Death Cover insurance?

Not every HESTA member has Death Cover as part of their membership. Generally, you will not have Death Cover if:

- you're over 75
- you have previously claimed a lump-sum disablement benefit from HESTA unless your Death Cover exceeds any Total and Permanent Disability (TPD) benefit previously claimed
- your cover ceased because your super account balance was too low to pay your insurance fees
- you were ineligible or cancelled your cover
- your insurance was switched off because your account was inactive for 16 consecutive months and you had not chosen to maintain your insurance
- you are a HESTA member and you are under the age of 25 or have an account balance which has not exceeded \$6,000 and you have not opted in to receive cover.

Other limitations may also apply. If you have Death Cover you can claim for both the early release of your superannuation benefit and the Death Cover terminal illness insurance benefit. If you do not have Death Cover, your benefit paid will consist solely of your account balance.

How does the claim process work?

1. Prepare your claim

In order to start the claim process we require you to complete a *Terminal Illness/Terminal Medical Condition* claim form and provide two medical reports. One report must be completed by your medical practitioner and the other by your specialist physician. In addition, diagnostic test reports must be provided – your specialist or medical practitioner will need to provide these.

You can also download this brochure from hesta.com.au/formsandbrochures

The *checklist* overleaf will guide you through the other information you need to provide.

2. Lodge your claim

To help us process your claim as quickly as possible:

1. check you have completed, signed and dated the claim forms before submitting them
2. attach the two required medical reports, one of which is a specialist report and the diagnostic test reports
3. check identification documents have been certified correctly.

If you need help to complete the forms, call 1800 813 327.

Any claim for a Terminal Illness insurance benefit will be reviewed by our insurer. Based on all information provided, they will accept, defer or decline the claim. Your claim may be declined if our insurer forms the view you do not satisfy the insurance policy definition based on your specialist physician's opinion.

Before a final decision is made, your claim will be reviewed by us to determine if our insurer's decision was fair and reasonable.

3. Complaints process

Complaints will be handled promptly, fairly and in strictest confidence.

1. To make a complaint, contact us directly:

Send us your complaint using the online form (hesta.com.au/complaints) at any time

or

Call us on: 1800 813 327 (Monday – Friday, 8am – 8pm AET)

2. If you are not satisfied with our decision, access external dispute resolution:

Australian Financial Complaints Authority (AFCA)

AFCA is an independent body that may be able to assist you to resolve your complaint. This service is provided free of charge. HESTA reviews all complaints and if you're not happy with the outcome you can send your complaint to AFCA.

Australian Financial Complaints Authority

**GPO Box 3
MELBOURNE VIC 3001
1800 931 678
www.afca.org.au
info@afca.org.au**

Visit hesta.com.au/complaints to learn more

How much will it cost?

You will need to pay the cost of obtaining the medical reports you submit to make your claim. No exit fees are charged.

What happens if I receive my super account balance due to a terminal medical condition?

If you're eligible for the early release of your superannuation account balance due to a terminal medical condition and you also have Death Cover but are unable to qualify for an insurance benefit (e.g. you are between 70-75 and are likely to pass away within 24 months but not within the 6 months required to access your insurance benefit), an amount of \$6,000 can be retained so the cost of your insurance fees can be met. You must select to maintain your insurance cover if your account becomes inactive so you don't lose your insurance cover.

If you're eligible for early release of your superannuation account balance due to a terminal medical condition and a Death Cover Terminal Illness benefit, your Death Cover will cease. If you hold any optional TPD Cover a Terminal Illness benefit will also reduce any TPD cover amount. Withdrawing your full account balance will stop any remaining cover you hold. You may wish to contact us to find out more if this applies to you.

If your death occurs while the Terminal Illness claim is being processed, it will become a death benefit claim.

To provide greater certainty about who receives your benefit when you die, you can make a binding death benefit nomination. A binding nomination requires you to complete a *Binding death benefit nomination* form available at hesta.com.au/bindingnom

Tax on benefits

Terminal Illness benefits may be paid tax free during the period that you are certified to be terminally ill.

contact us

hesta@hesta.com.au | 1800 813 327 | **Email form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**

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Need help?

If you need help with your terminal illness benefit claim, call 1800 813 327.

Help claiming social security benefits

The Welfare Rights Centre is an independent community legal centre specialising in social security law and its administration by Centrelink.

The Centre has a long-standing relationship with HESTA, guiding members through the social security maze when they are off work and need financial help. This free service for HESTA members provides information, advice and assistance to identify and access social security rights and entitlements, including:

- how to apply for Sickness Allowance, Newstart Allowance, Disability Support Pension and the Family Tax Benefit
- how to sort out problems with obtaining entitlements
- how receiving an insured benefit and/or the release of your super account balance could affect social security entitlements.

The above is general information only. It does not constitute legal advice. If you need legal advice about your social security entitlement, please contact the Welfare Rights Centre on (02) 9211 5300 (Sydney) or call 1800 226 028. The Welfare Rights Centre, Sydney, is a community legal centre which specialises in social security law, administration and policy. It is entirely independent of Centrelink. All assistance is free. For more information, visit welfareightscentre.org.au

Terminal illness medical condition and/or Terminal Illness insurance benefit checklist

Your claim cannot be finalised until all of the following documents have been received:

- Completed, signed and dated *claim statement and payment authority*.
- If you are claiming a Terminal Illness insurance benefit, a signed and dated authority to release health information form
- Copies of pathology and diagnostic reports from the treating specialist where you have Death Cover. **(Note: failure to attach diagnostic reports will delay your claim.)**
- Two completed medical reports: one from your treating specialist physician and one from your general practitioner.
- A certified copy** of your proof of identity document (see Certifying your identification).
- If you have changed your name, a **certified copy** of your proof of name change.
- If you are requesting payment by EFT, please ensure the information you have provided is correct as it may not be possible to recover your money if it is paid to an unintended recipient. HESTA will not verify the bank details you have provided.

Return the completed form with your claim documentation to:
Scan and email all requirements to hesta@hesta.com.au
or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

claim statement and payment authority terminal illness benefit claim

HESTA

This form enables you to apply for the early release of your account balance and/or any terminal illness insurance benefit you may have as a HESTA member.

1 Your member details

Member number:

Title: Ms Mrs Miss Mr Dr Other

Given name/s:

Family name:

Date of birth:

Preferred postal address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Telephone number (home):

Telephone number (mobile):

Email (optional):

Date last worked:

Date last worked modified duties or reduced hours:

2 Keeping your insurance with HESTA (optional)

If your account becomes inactive we are required to cancel your insurance. 'Inactive' means you have not received a contribution, rollover (to combine super) or other transfer for 16 months. You can make an election to maintain cover if you become inactive. If you do choose to keep your insurance with HESTA, you will also be excluded from being transferred to the ATO if you are deemed 'inactive low-balance'. This occurs when your balance is under \$6,000 and you are 'inactive'.

I want to keep my insurance cover if I become inactive.

3 Payment options

I am claiming for
(tick both if claiming your super and insurance benefits):

the early release of my super benefit
(please also sign 4C on the following page)

terminal illness insurance benefit
(please also sign 4C on the following page)

Specify your preferred payment method by placing an 'X' in the appropriate box

I would like an electronic funds transfer (EFT) into my account.

Account name:

Note: Your nominated bank account must be held in your name or, if it is a joint account, you must be one of the account holders.

I confirm that the bank account is in my name (or jointly) and the details provided above are correct.

BSB:

Account number:

! Please ensure the information you have provided is correct as it may not be possible to recover your money if it is paid to an unintended recipient. HESTA will not verify the bank details you have provided.

I would like a cheque in my name.

Note: Cheques can only be sent to the address on your account.

4 Claim options

You can claim for your change to early release of your super balance and any insurance cover using this form by indicating (tick) the below options, and signing, and dating the declaration at the bottom of this page in section 4C. If you do not have insurance in your account, you only need to select 4A and 4C. If you have insurance in your account, complete both 4A, 4B, and 4C, and the 'Authority to Release Health Information' on the next page.

4A Early release of my super benefit

Where I am applying for the early release of my superannuation account, I declare that:

- the information supplied on this form and in the attached documentation is, to the best of my knowledge, true, correct, and complete and no material facts have been withheld
- upon paying my benefit, HESTA, as required by law, may report certain information to the Australian Taxation Office (ATO)
- I have read and understood the HESTA Privacy Collection Statement and consent to the HESTA Trustee collecting, using, and disclosing my personal information.

I acknowledge that:

- if payment of my full HESTA account balance is paid, my membership with HESTA, and all rights and obligations under the HESTA Trust Deed (available at hesta.com.au/disclosures or by calling 1800 813 327), will cease.
- any decision made by the HESTA Trustee admitting my claim on grounds I have been diagnosed with a terminal medical condition is independent of any claim on HESTA's insurance policies and any decision made by HESTA's insurer
- any false or fraudulent statements regarding my claim, or my failure to advise of any relevant information or material facts, may have an adverse effect on my claim which could result in the refusal to pay benefits and cancellation of my claim and/or any insurance cover
- I consent that a copy of this authorisation shall be considered as effective and valid as the original.

4B Claim Insurance benefit

Complete this section if you are also applying for a terminal illness insurance benefit

Where I am applying for a terminal illness insurance benefit, I declare that:

- HESTA's insurer can give any information or document relating to this claim to:
 - a) HESTA's administrator; and
 - b) any medical provider it consults to help assess this claim.
- I have not withheld any material from HESTA's insurer
- should my insurance stop e.g. due to insufficient funds in my HESTA account to pay premiums, insurance cover will not be reinstated under the terms of the insurance policy
- I confirm my consent for HESTA's insurer or its representatives to use my personal and sensitive information (whether received by HESTA or their insurers as provided by me or a third party) to investigate, assess and manage my claim and to disclose that information to medical, or health professionals and institutions including:
 - a) other insurers (including workers' compensation insurers)
 - b) other superannuation funds
 - c) investigators
 - d) the ambulance service
 - e) the insurer's service providers
 - f) statutory bodies including law enforcement agencies
 - g) insurance or credit reference agencies
 - h) financial institutions, and
 - i) such other third parties as is necessary for that purpose.

I authorise;

- any individual, organisation or entity within any of the above categories (a to i) and/or any
 - j) adviser/broker
 - k) accountant
 - l) institution
 - m) professional association/board
 - n) business entity
 - o) companythat holds my personal, health, and sensitive information to release that information to HESTA and their insurers on request, for the purpose of investigating, assessing and managing my claim; and
- any medical practitioner, medical provider, health professional, hospital, workers' compensation organisation, dentist or other person who has attended me, to release HESTA, its insurer or its representatives all information with respect to any sickness/illness or injury, medical history, consultations, prescriptions, treatment, or medical tests and test results and copies, including hospital or medical records; and
- any previous and current employer (if applicable) to provide HESTA and its insurer with details of my employment and pay history.

4C Claim Declaration

I consent that a copy of this authorisation shall be considered as effective and valid as the original.

Signature:

Date:

contact us

hesta@hesta.com.au | 1800 813 327 | **Email form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**

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Authority to Release Health Information

Only need to complete this authority if you are claiming an 'insured component'

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent. We, (AIA Australia), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty to take reasonable care under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below. You are required to sign both authorities to avoid delays with the assessment of your claim.

Authority 1

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/ Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **AIA Australia**, or to third parties they engage.

I consent to the following:

- My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

Authority 2

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/ Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **AIA Australia**, or to third parties they engage, only if **AIA Australia** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I consent to the following:

- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

Verification of identification



I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.

general practitioner medical report form

terminal medical condition and/or terminal illness benefit claim

HESTA

Give this form to your general practitioner or medical specialist to complete and return to you. Then scan and email completed form to hesta@hesta.com.au or mail the completed form to **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

HESTA member to complete

HESTA Member number:

Member given name/s:

Member family name:

Member address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

General practitioner or medical specialist to complete

Please return with diagnostic test reports to your patient for submission to HESTA.

This member has applied for;

- early release of superannuation account due to terminal medical condition; and/or
- Death Cover – Terminal Illness insurance benefit.

Please note: The member is responsible for any costs involved in obtaining this report.

Are you the member's usual medical attendant?

Yes No

1. What is the exact diagnosis of the condition?

2. a) What date was this diagnosis made?

b) Please provide the results and copies of all tests, investigations (eg. histopathology, MRI, CT scan, x-rays, etc.) and medical reports and correspondence (failure to attach diagnostic reports may delay this claim)

General practitioner or medical specialist to complete

3. a) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 months from the date of this report?

Yes No

or

b) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 to 12 months from the date of this report?

Yes No

or

c) Do you believe that the member has an injury or illness that is likely to lead to their death within 13 to 24 months from the date of this report?

Yes No

I hereby certify that I have examined the above named HESTA member and that the statements made in this report are true and correct to the best of my knowledge. I confirm they have a medical condition on the date of certification that will likely lead to their death within 24 months, with a more accurate assessment of prognosis outlined above.

Signature:

Date:

Qualifications:

Provider number:

Given name/s:

Family name:

Contact address:

PO Box/Unit number/Street number

Street name

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medical specialist report form

terminal medical condition and/or terminal illness benefit claim



Give this form to your medical specialist to complete and return to you. Then scan and email completed form to hesta@hesta.com.au or mail the completed form to **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

HESTA member to complete

HESTA member number:

Member given name/s:

Member family name:

Member address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Medical specialist to complete

Please return with diagnostic test reports to your patient for submission to HESTA)

this member has applied for;

- early release of superannuation account due to terminal medical condition; and/or
- Death Cover – Terminal Illness insurance benefit.

Please note: The member is responsible for any costs involved in obtaining this report.

Are you the member's usual medical attendant?

Yes No

1. What is the exact diagnosis of the condition?

2. a) What date was this diagnosis made?

b) Please provide the results and copies of all tests, investigations (eg. histopathology, MRI, CT scan, x-rays, etc.) and medical reports and correspondence (failure to attach diagnostic reports may delay this claim)

Medical specialist to complete (continued)

3. a) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 months from the date of this report?

Yes No

or

b) Do you believe that the member has an injury or illness that is likely to lead to their death within 6 to 12 months from the date of this report?

Yes No

or

c) Do you believe that the member has an injury or illness that is likely to lead to their death within 13 to 24 months from the date of this report?

Yes No

I hereby certify that I have examined the above named HESTA member and that the statements made in this report are true and correct to the best of my knowledge. I confirm they have a medical condition on the date of certification that will likely lead to their death within 24 months, with a more accurate assessment of prognosis outlined above.

Signature:

Date:

Qualifications:

Provider number:

Given name/s:

Family name:

Contact address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

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Name: Member number (if known):

Proving your identity

To protect you from the risk of identity fraud, you will need to provide certified identification to make a change of name or details, benefit claim, open a HESTA Income Stream or apply for refund of contributions. You can provide certified documents in hard copy or you can provide consent for us to verify your identity electronically with your accompanying application form.

If you are providing ID for an IP or TPD claim, and to avoid any delays in processing your request, send all requirements to: **AIA Australia, PO Box 6111, Melbourne VIC 3004.**

If you are providing ID for any other claim, and to avoid any delays in processing your request, scan and email all requirements to: **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

Type in the information or if writing please do so in CAPITAL letters.

Option 1: Electronic proof of identity

Please provide at least **TWO** of the following for verification.

Electronic verification

If you select this option you do not have to attach any certified documents. We will do all the checks for you.

I authorise the use of the below information for this purpose (complete 'Verification of identification' on this form):

My Medicare number is:

Exp. date:

I am person number on this Medicare card

My Australian Driver licence number is:

Card number: (see *Driver licence card number* under Proof of identification at hesta.com.au/forms-brochures)

Exp. date:

State of issue:

My Australian passport number is:

Exp. date:

Place of birth:

Country of residence:

Name on citizenship document (if applicable):

Family name at birth:

Option 2: Provide certified copies of ID documents

This step-by-step guide details the types of documents we can accept as proof of your identity and what you need to do to certify them correctly.

Hard copy verification

If you select this option you must attach all certified documents.

Acceptable documents

Either

A certified copy of a primary photographic identification document:

- current photographic driver's licence issued under state or territory law (copy of the front and back)
- current passport (including English translation where required).

or

A certified copy of a primary non-photographic identification document:

- birth certificate
- citizenship certificate issued by the Commonwealth of Australia
- pension card issued by Centrelink that entitles you to financial benefits.

and

A certified copy of a secondary identification document:

- a notice issued by a local government body or utilities provider within the preceding three months that shows your name and residential address.
- notice issued by Commonwealth, state or territory government within the past 12 months that shows your name and residential address. For example:
 - Tax Office notice of assessment
 - a notice recording the provision of financial benefits i.e. a Centrelink assistance payment.

Verification of identification

I consent to the Trustee of HESTA verifying my identification via electronic means including in the event my certified documents have not been correctly certified or if I apply for IP or TPD and have been approved for payment.

Signature:

Date signed:

Have you changed your name or are you signing on behalf of another person?

If you've changed your name or are signing on behalf of the applicant, you'll need to provide a certified linking document proving a relationship exists between two (or more) names.

For a change of name you can request linking documents (eg Marriage certificate, Deed poll, Change of name certificate, Divorce decree or Registered relationship certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers and Power of Attorney documents.

How to certify

The person authorised to sight and certify documents must:

- sight the ORIGINAL and the copy and make sure they are identical, and
- write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (eg. Justice of the Peace), registration number (if applicable) and date.

What does a certified document look like?

Samantha Sample has provided a photocopy of her identification that included signature, full name, date of birth, and current residential address.

- The certifying authority has sighted the original identification, and confirmed that the copy is a true copy.
- Details for the certifying authority are included: full name, qualification, registration number (if applicable), date and signature.



"I certify that this document is a true copy of the original"

Name: Kate Anderson Qualification: JP
Date: 31 July 2015 Registration no: 222222

Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

Who can certify my identification document?

For a full listing of people who can certify your documents, see Schedule 2 of the *Statutory Declarations Regulations 2018*. Some of the people who can certify copies of originals as true copies are:

- a medical practitioner
- a nurse
- an optometrist
- a psychologist
- a pharmacist
- a chiropractor
- a veterinary surgeon
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed full time or part time basis at a school or tertiary institution
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public
- a police officer
- a Justice of the Peace
- a magistrate
- a bank officer with 2 or more continuous years of service
- a marriage celebrant
- a member of the Governance Institute of Australia Ltd
- a permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- a SES employee of the Commonwealth.

What if I don't certify my identity documents correctly?

If the identification documents you send with your application are not certified or incorrectly certified, we may call you to verify your identity over the phone. If you're unable to give us enough information to identify you over the phone, you may need to resend certified proof of identity documents. This will lead to delays in processing your application.

Alternatively you can give your consent for electronic verification of your documents to be completed in the event that your documents have not been correctly certified, please sign the consent section under 'Verification of identification'.

Return your completed form

Scan and email all requirements to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

contact us

hesta@hesta.com.au | 1800 813 327 | **Email form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**

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