MEDIA RELEASE

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INSURANCE IN SUPER CODE OWNERS SHIFT FOCUS TO VULNERABLE CUSTOMERS AND CLAIMS

The Association of Superannuation Funds of Australia (ASFA), the Australian Institute of Superannuation Trustees (AIST) and the Financial Services Council (FSC) have today released jointly developed guidance to superannuation trustees on improving outcomes for vulnerable members and claims handling guidance for members with life insurance in group superannuation.

These two new guidance documents maintain or enhance key components of the Insurance in Superannuation Voluntary Code of Practice (the Voluntary Code), which is being replaced by this guidance following recent legislative and regulatory reforms. This will ensure that consumer protections are maintained in areas which are not currently covered by legislation and regulation.

Looking after the insurance needs of vulnerable members is of critical importance, particularly in light of the challenges many superannuation members still face as the national economy recovers from the COVID-19 induced economic downturn. The Voluntary Code owners have recently consulted superannuation trustee members about further protections for vulnerable consumers and the new guidance to trustees will incorporate this feedback and go beyond the statutory framework to help them improve member outcomes for this important cohort of consumers.

The guidance will help trustees meet consumer expectations, and help members by setting out the level of service they should expect from their superannuation fund when making a claim on their life insurance.

The joint decision by the Voluntary Code Owners, ASFA, AIST and FSC, to replace the Voluntary Code with guidance maintains consumer protections and recognises that the other key components of the Voluntary Code have been almost entirely overtaken by recent legislative and regulatory reform.

- Ends

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Insurance in superannuation claims handling

Claims handling standards for Superannuation Funds

Guidance Note

June 2021

Contents

1

About Guidance Notes

Guidance Notes are intended to provide superannuation trustees and funds with information about ways of doing things that work.

The use of a guidance approach does not mean one size fits all. It means seeking out ideas and experience from those who have undertaken similar activities in related fields, deciding which of those practices are relevant to your situation, testing them out to see if they work, before incorporating the proven practices in your own documented processes.

Association member organisations cover a diverse range of goals, member needs and resources according to which they can adapt this Guidance Note's recommendations to their own particular needs.

This paper is intended as a guide only and is not intended to be used as a substitute for professional advice.

Each association expressly disclaims all liability and responsibility to any person who relies, or partially relies, upon anything done, or omitted to be done, by this publication.

2

Claims Handling Reference Materials

The Financial Services Council's Life Insurance Code of Practice, section 8.

ASIC **information sheet** *Claims Handling and settling: How to comply with your AFS licence obligations* (INFO 253).

3

Introduction

This Claims Handling Guidance Note derives from the Insurance in Superannuation Voluntary Code of Practice (the Code).

The Code was launched in 2018, however, significant parts became redundant due to legislative reform and regulatory changes. In particular, the *Protecting Your Super and Putting Members' Interests' First* legislative packages made substantial sections of the Code redundant. For this reason the Code owners (AIST, ASFA and the FSC) agreed in 2021 to maintain only those sections of the Code upholding consumer protections that were not supported by regulation and to do so through the use of guidance.

The use of guidance or best practice papers allows the establishment of industry practices but also has the flexibility to adapt quickly to changing circumstances. Given the recent attention directed to insurance in superannuation and the pace of change it is likely that such flexibility will be required in the medium term.

One example of recent and ongoing change is the release of ASIC's information sheet for insurance claims handling (INFO 253). For RSE Licensees the information sheet outlines Australian Financial Services Licence (AFSL) obligations that apply to the provision of 'superannuation as a trustee service' and this includes claims handling obligations. These claims handling obligations align with the amendments to the Corporations Act that remove the exemption of claims handling as a financial service.

This Guidance Note will avoid duplicating or repeating any relevant legislation. However, it should be remembered that there may be additional standards set by regulatory instruments relevant to claims handling, such as those for RSE licensees in the provision of 'superannuation as a trustee service'. Where they may overlap, or be inconsistent with, the Guidance Note the legislation or regulatory instrument will of course prevail.

The Guidance Note also does not attempt to clarify how obligations imposed by legislation or regulatory instrument work in practice. For example, the 'superannuation as a trustee service' licensing obligations require the service to be provided honestly, fairly and efficiently, however, while this Guidance Note recommends practices which may support these obligations it does not attempt to align or link practices to those obligations.

IMPLEMENTATION GUIDANCE

During the Code's transition phase a Code Implementation Committee was established to develop practical guidance and clarification for the implementation of the Code obligations. Where relevant, this additional guidance is provided to assist members in interpreting the recommendations for best practice claims handling.

4 Claims handling

4.1. Principles for claims handling

4.1.1. Claim time can be difficult for members and trustees should treat every claimant with compassion and respect. The claims process should be timely, made as straightforward as possible and all communications should be written in plain language.

4.1.2. Trustees should help members identify any cover held within the fund under which a member may be entitled to claim. Members should not be discouraged from making a claim.

4.1.3. Trustees should oversee the claims process, and help members navigate through it.

4.1.4. Trustees are responsible for overseeing the conduct of the insurer and any **Service Provider** engaged in the claims process. There should be proactive engagement with other parties in the claims process, such as any representative that the member engages, to minimise delays and remove unnecessary duplication from the process.

4.1.5. There should be appropriate governance arrangements put in place for claims handling by the trustee and its delegates.

4.1.6. Trustees should publish their claims philosophy on the fund website, and assess the claims philosophies of their insurers to ensure they align with the trustees' philosophy.

4.2. The claims process

4.2.1. The claims process incorporates a number of steps, and there are roles for trustees, for the insurer and for the member. The member may be required to provide relevant documents and attend assessments.

4.2.2. **The Financial Services Council Insurer Code** places responsibilities on insurers to determine claims within specific timeframes. Trustees and insurers should work together to ensure a consistent and efficient process for members.

4.2.3. Trustees should provide members with the contact details for the primary contact during the claim process.

4.2.4. Trustees may arrange independent medical reviews or an interview with the member. If so, they should have regard to the relevant standards in the Financial Services Council Insurer Code.

4.3. Making a claim

4.3.1. If a member tells the trustee that he or she wishes to make a claim, the trustee should help the member provide the information for the claim, or direct the member to the appropriate forms or information online, or email these to the member by the **next business day**. If hard copy forms are required, the trustee should send these within **5 business days**.

IMPLEMENTATION GUIDANCE

At a minimum, it is intended that the trustee will give someone enquiring about a claim some generic information or forms within one business day. However, trustees may wish to ask some high-level questions relating to eligibility over the phone or in a covering letter; for example, ensuring the member has considered the prerequisite of having ceased work before applying for a TPD benefit. This reduces poor consumer outcomes by managing the member's expectations about their ability to claim before they incur costs and spend time seeking medical reports and fillng out forms etc.

4.3.2. On receipt of a completed claim from the member, within **5 business days** a trustee should:

a) acknowledge receipt of the claim
b) assess whether the member has provided all of the necessary information and documentation
c) carry out an initial eligibility assessment to assess whether the member has insurance cover, based on the information available
d) provide the member with a summary of the claim process (if this has not already been provided to the member when first enquiring about making a claim);
e) either provide the claim to the insurer, or tell the member that he or she is not eligible to make a claim based on the information available.

IMPLEMENTATION GUIDANCE

If a claimant goes straight to the insurer rather than to the trustee, it is expected that the **5-business-day** requirement to acknowledge the claim will be complied with by the insurer.

The requirement for a trustee to put in place governance arrangements for claims should include how a trustee and insurer will share responsibilities.

4.3.3. If a claim is made via telephone, a written record or call recording should be kept and be sent to the member on request.

4.3.4. The summary of the claim process that the trustee provides to the member should include:

a) an explanation of the terms of cover, including the policy's standard exclusions and limitations

IMPLEMENTATION GUIDANCE

If the trustee is not aware of the date of event, it should use its best efforts to provide the relevant policy terms. If it later transpires that - due to the date of the event being earlier than assumed - that different terms apply, this should be communicated to the member.

Simply providing the member with the policy schedule obtained from the insurer is unlikely to give the member an explanation that they can easily understand.

b) the steps involved in the claim process and a reasonable expectation of the end-to-end timeframe for the assessment of the claim, taking into account the timeframes in the **Financial Services Council Insurer Code** and the trustee's review of the insurer's decision
c) the trustee's role and duties and the role and duties of the insurer
d) who will be the member's primary contact and the contact details the member can use to get information about the progress of his or her claim
e) whether the member may be required to attend ongoing assessments
f) how payments will be made if the claim is accepted
g) that there may be financial or tax implications and the member may wish to get independent advice
h) the impact on the amount of the claim of receiving income from other sources, including Centrelink and workers' compensation, if offsets are applied
i) how the trustee will review the insurer's decision.

4.3.5. If the trustee determines that the member is not eligible to make a claim, the trustee should:

a) explain this in writing
b) give the member the opportunity to provide more information so that the trustee can review the member's eligibility
c) tell the member that if the member is not satisfied with its decision, the member can make a complaint and the trustee will explain its complaints process.

4.4. While a claim is being assessed

4.4.1. If a member has a query about his or her claim while it is being assessed, the trustee should respond:

a) with an acknowledgment by **the next business day**

b) with a full response within **10 business days**.

4.4.2. A member should receive progress updates at least every **20 business days** (unless a different timetable is agreed) or earlier if something of significance to the claim occurs. The trustee should communicate proactively with members if circumstances change and, if the member expresses a preference, tailor the method of the communications according to the member's wishes. If there are any issues delaying assessment of the claim, the trustee should let the member know what these are.

IMPLEMENTATION GUIDANCE

The principle here is that the updates ought to be 'pushed not pulled' – they should be fund-initiated, rather than member-initiated. It would not be sufficient if the trustee simply allowed the member to log into a website or app for an update, nor if the trustee contacted the member every 20 days to let them know they could log in for information.

However, if a member tells the trustee that they want their updates to be delivered differently – for example, they only want to be notified when there is an update online – then the trustee should contact them in accordance with their wishes.

For death claims where there is a sum insured, it is expected that all potential beneficiaries of whom the trustee is aware will receive regular updates.

4.4.3. The trustee should oversee the progress of the claim to minimise delays and intervene if it becomes aware that the insurer is not complying with the timeframes provided in the **Financial Services Council Insurer Code**.

4.4.4. If the insurer tells the trustee that it cannot make a decision on a member's claim in the timeframes provided in the **Financial Services Council Insurer Code** because information which is necessary for assessment has not been provided, the trustee should tell the member about the revised timeframes. If the member's medical condition has not yet stabilised to allow a decision to be made, the trustee should tell the member that the claim will be progressed further when more information is available.

IMPLEMENTATION GUIDANCE

This is not intended to mean that an insurer cannot decline a claim if a medical condition has not yet stabilised; that is a matter for the Financial Services Council Insurer Code. A trustee should explain to the claimant what the situation is when their medical condition has not yet stabilised.

4.4.5. If the trustee should become aware of any errors or mistakes in the claim or in the information requested, these ought to be addressed promptly. The trustee may request more information to correct errors or mistakes.

4.5. Review of insurer's decision

4.5.1. Once the insurer has made its decision about the member's claim, if the insurer informs the trustee that it intends to make a payment to the trustee, the trustee should carry out a review within **5 business days** to assess whether the member has met the requirements for the money to be released from his or her superannuation account. The trustee should also have oversight processes in place to confirm that the insurer is paying the correct amount, either to the trustee or directly to the member.

4.5.2. If the trustee identifies as part of its review that there are differences between the requirements for the member's insurance claim to be paid and the legal requirements for the release of funds from his or her superannuation account, the trustee will clearly explain the differences in plain language and that, while the amount will be credited to the member's account, they will not be able to access it until they have satisfied a condition of release.

IMPLEMENTATION GUIDANCE

It is expected that the trustee will inform the claimant of any differences in requirements as soon as they become aware of this, in order to manage expectations.

4.5.3. If the insurer informs the trustee that it has decided not to pay the claim, the trustee should carry out a review within **15 business days**. As part of its review, it should determine whether the insurer has provided the member with the below, and provide the member with any of the below should it be asked for:

a) an explanation in plain language to enable the member to understand the reasons for the insurer's view

b) an outline of the evidence relied upon in forming that view

c) a list of all documents obtained by the insurer and the trustee during the assessment, and an opportunity to receive copies of any documents on request

IMPLEMENTATION GUIDANCE

This only requires a list of available documents, rather than copies of the documents themselves.

d) an opportunity to make further representations and submissions or to provide further information about the member's claim.

4.5.4. Wherever possible, when the trustee reviews the insurer's decision the trustee should use information already collected during the claim assessment process, rather than asking the member to provide information again, or to attend any further assessments. If the trustee believes there is not enough information to make a properly informed decision, the trustee should inform the member of this. The trustee should request any further information or assessments it needs as early as possible and avoid multiple information requests or assessments where possible.

4.5.5. The trustee should only ask for, and rely upon, information and assessments that are relevant to the claim and policy, and the member is entitled to ask the trustee to give an explanation of the relevance of the information or assessment requested. If the member disagrees with the relevance of any requested information or assessment, the request should be reviewed. If the member is not satisfied with the outcome of the review, the trustee should inform the member about how to make a complaint.

4.5.6. If the trustee obtains new information or assessments, or the member makes further representations and submissions or provides further information, the trustee has another **15 business days** to review the new information or assessment.

IMPLEMENTATION GUIDANCE

The **15-business-day** timeframe is intended to cover only the trustee's review of new information or assessment, not the insurer's next steps. If, as a result of the trustee's review, the trustee decides to send the claim back to the insurer, that is dealt with in the following paragraph.

4.5.7. If the review results in the trustee querying the insurer's decision, the trustee will tell the insurer within **5 business days** of completing its review. If the trustee believes the claim has a reasonable prospect of success, it will advocate on the member's behalf. The trustee should keep the member informed as the claim proceeds.

4.5.8. In exceptional cases, the timeframes for the trustee's review in this section may not be appropriate. In these cases, the trustee will tell the member that it needs more time, and will clearly communicate the expected timeframes for the trustee review to be completed. The trustee should inform the member about how to make a complaint if he or she is not satisfied with the revised timeframe.

4.6. Claim decision

4.6.1. If the claim is approved and paid to the trustee by the insurer, the trustee should confirm this with the member as soon as it has carried out its assessment as to whether the member has met the requirements for the money to be released from his or her superannuation account. Provided that:

a) valid identification, and payment instructions and other necessary documents, have been received from the member

b) the trustee has confirmed that the legal requirements for release of funds from the member's superannuation account have been satisfied

c) for death benefit claims, the trustee has contacted all potential beneficiaries where relevant and given them the opportunity to provide submissions in support of their claim to be paid a benefit

d) the trustee should release the claim money to the member within **5 business days** of confirmation being given.

4.6.2. If the member's claim is declined, the trustee should tell the member within **5 business days** of completion of its review:

a) the reasons for the decision in writing in plain language

b) that the member can request copies of the documents and information relied upon

c) how the member can make a complaint if not satisfied with the decision.

4.7. Income protection claims

4.7.1. For income protection claims, the trustee should support the insurer to:

a) seek to identify ways to support the member's recovery as quickly as possible

IMPLEMENTATION GUIDANCE

The FSC and insurers may be able to provide guidance from the same obligation in the Life Code.

The intent is that trustees should not put impediments in the way of 'return to work' strategies, and should facilitate recovery, where possible, alongside the insurer – noting that the sole purpose test constrains trustees from getting involved directly in the member's recovery.

b) collaborate with the member's doctor, other healthcare providers and employer to maximise the health outcomes of the member

c) promote best-practice rehabilitation and injury management where these are consistent with the terms of the policy.

4.7.2. Where the member is receiving ongoing income protection payments, the trustee should have oversight processes in place to determine whether the information the member is required to provide is reasonable, and to ensure that the member and his or her doctor are providing the required information, to assist the member to receive timely payments. The trustee should also have processes in place to oversee the insurer's decisions about continuing or stopping income protection payments, and raise any concerns that the trustee may have with the insurer regarding a decision to stop, or continue, payments.

4.7.3. If the trustee becomes aware that the member has made claims against more than one income protection policy, it should explain how the off-setting arrangements operate, and provide the member with information about the factors he or she may want to consider to determine the best financial outcome from multiple policies.

4.7.4. If the trustee identifies that any of the member's claim payments are going to be offset or reduced by income he or she is receiving from other sources, including Centrelink and workers' compensation, the trustee should inform the member.

4.8. Refunds

4.8.1. If at claim time the trustee identifies that the member has multiple automatic insurance covers in superannuation and the benefit is offset, or not able to be claimed upon and paid out, because the member has claimed on another benefit under another similar policy, the trustee should give the member the option of a refund of his or her premiums for the duration of the overlap of covers, to a maximum of 6 years, and the trustee should then cancel the cover.

IMPLEMENTATION GUIDANCE

This does not apply only to IP claims; there are some group life policies that also offset against other lump sum payments. Trustees should refer to the terms of each policy to determine whether this applies.

Where the premium is refunded, it is expected that the policy will be cancelled for the shorter of the period that the policy was in place or the period of the refund, with no claims payable for this period. Before processing the refund, the member should be advised of the consequences of this cancellation (so that they can elect to keep the cover and not take the refund if they wish).

In calculating the duration of the overlap, trustees only need to refund for the period where there is a complete offset of cover. Trustees might, however, choose to refund partial offsets as well.

Trustees may determine their own policies for incorporating any adjustments into the amount to be refunded (i.e. inflation, unit adjustments, interest).

It is important to note that a refund in these circumstances is not an error on the trustee's part, so it is not expected that a trustee will return the member to the position they would have been in – i.e. paying foregone investment returns.

4.8.2. If the trustee identifies that the member was not eligible to claim against his or her automatic insurance cover for any event from the start of the cover, the trustee should refund premiums to the member's account for the period he or she were ineligible.

IMPLEMENTATION GUIDANCE

It is intended that this applies to blanket exclusions where a member can never claim for any event, such as "if you have ever been paid a TPD benefit, you will not be eligible to claim for TPD." It is not intended that this applies to pre-existing exclusion limitations where the claimant could be eligible for a benefit in some circumstances.

4.8.3. If the member makes a claim that is accepted, and the cover ceases under the terms of the policy on the date the member became eligible to claim, the trustee should refund premiums to the member's superannuation account back to the date he or she became eligible to claim.

IMPLEMENTATION GUIDANCE

The 'date you became eligible' is intended to be the date of disablement. For late-notified claims, it is intended that refunds would be provided back to the date of disablement.

4.9. Review

4.9.1. This guidance note will be reviewed every three years.

5 Definitions

Automatic insurance cover means cover that trustees provide to members to provide members with automatic protection against illness or accidents causing injury. Automatic insurance cover is not tailored to individual needs and circumstances.

Members are considered to have automatic insurance cover in circumstances where members elect to take out or maintain the default insurance cover that trustees provide automatically even if the member:

- is under the age of 25 years;
- has a super account balance that is less than $6,000; or
- has an account that has become inactive.

Automatic insurance cover does not apply if:

- the member has voluntarily selected the level of cover;
- the member has varied the level of automatic insurance cover;
- the member is a defined benefit member; or

the insurance premiums are wholly paid for by an employer (whether through contributions to the superannuation account or otherwise) or not paid by deduction from the member's account.

Business days means Monday to Friday excluding public holidays.

Financial Services Council Insurer Code means the Financial Services Council's Life Insurance Code of Practice.

Service Provider means another party that the trustee engages to provide a service on its behalf; for example, a claims management service or a fund administrator. A life insurer, in its capacity as an insurer, is not a **Service Provider**.

Insurance in superannuation

Developing a vulnerable member policy

Guidance Note

June 2021

Contents

1

About Guidance Notes

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2

Vulnerable member Reference Materials

Relevant legislation:

- Disability Discrimination Act 1992 (Cth)
- Disability Act 2006 (Vic)
- Equal Opportunity Act 2010 (Vic)
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Sex Discrimination Act 1984 (Cth)

Accessibility guidelines:

https://www.vic.gov.au/sites/default/files/2019-02/Accessibility-guidelines.pdf
https://guides.service.gov.au/content-guide/accessibility-inclusivity/

Australian Network on Disability (AND)

https://www.and.org.au/

Australian Human Rights Commission (AHRC)

https://humanrights.gov.au/

Australian Bureau of Statistics (ABS)

https://www.abs.gov.au/

Australian Institute of Health and Welfare (AIHW)

https://www.aihw.gov.au/

Commonground

https://www.commonground.org.au/learn/acknowledgement-of-country

Effective Engagement with Older People

https://www.sahealth.sa.gov.au/wps/wcm/connect/efc56a004efc69f1b7ccf79ea2e2f365/Better+Together+-+A+Practical+Guide+to+Effective+Engagement+with+Older+People.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-efc56a004efc69f1b7ccf79ea2e2f365-n5iGPRD

Financial Services Council (FSC)

https://www.fsc.org.au/resources/standards

https://www.fsc.org.au/policy/life-insurance/code-of-practice

Insurance Council of Australia (ICA)

https://disasters.org.au/

Intersex Human Rights Australia (IHRA)

https://ihra.org.au/style/

https://interactadvocates.org/wp-content/uploads/2017/01/INTERSEX-MEDIAGUIDE-interACT.pdf

https://www.ag.gov.au/sites/default/files/2020-03/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.pdf

Reconciliation Action Plans (RAP)

https://www.reconciliation.org.au/reconciliation-action-plans/

Readability scores

https://www.webfx.com/tools/read-able/

Web Accessibility Initiative (WAI)

https://www.w3.org/WAI/standards-guidelines/wcag/

3

Overview

This Guidance Note is intended to assist superannuation funds meeting the particular needs of their vulnerable members and promoting the best interest of members.

The Guidance Note operates alongside and is subject to existing laws and regulations. Where there is any conflict or inconsistency between it and any law or regulation, that law or regulation prevails.

Introduction

The Vulnerable Members Guidance Note derives from the Insurance in Superannuation Voluntary Code of Practice but significantly extends the commitment of ASFA to protect and improve the interests of vulnerable members in relation to insurance in superannuation.

The Code was launched in 2018, however, significant parts became redundant due to legislative reform and regulatory changes. In particular, the Protecting Your Super and Putting Members' Interests First legislative packages made substantial sections of the Code redundant. For this reason the Code owners (AIST, ASFA and the FSC) agreed in 2021 to maintain only those sections of the Code upholding consumer protections that were not supported by regulation and to do so through the use of Best Practice Papers.

The use of guidance or best practice papers allows the establishment of industry practices but also has the flexibility to adapt quickly to changing circumstances. Given the recent attention directed to insurance in superannuation and the pace of change it is likely that such flexibility will be required in the future.

The vulnerable members initiative undertaken by AIST, ASFA and the FSC with the active and enthusiastic support of our member funds, is an important example of the industry recognising an issue that requires attention, and nimbly moving to address it. ASIC identified the importance of the superannuation industry articulating a 'consumer-centric' approach to vulnerability, by acknowledging the wide range of unique needs amongst members, and the industry has responded with this initiative.

This Guidance Note will avoid duplicating or repeating any relevant legislation. However, it should be remembered that there may be additional standards set by regulatory requirements relevant to superannuation fund engagement with vulnerable members, such as those for RSE licensees meeting their Design and Distribution Obligations and strengthening product governance arrangements. Where they may overlap, or be inconsistent with, the Vulnerable Members Guidance Note, the legislation or regulatory requirements will of course prevail.

Guiding principles for superannuation funds

Trustees recognise that members who have unique needs or experience vulnerability may require additional support when approaching us about or applying for insurance, making an enquiry, claiming on their cover, making a complaint and/or communicating with us.

While trustees seek to identify members with special needs or who may be vulnerable due to other factors, they should encourage members to inform their staff so they can provide members with additional support.

Trustees should acknowledge that the needs of vulnerable members may be permanent or temporary and change over time or increase in certain situations.

A member's vulnerability may be due to a range of factors including but not limited to:

- Aboriginal or Torres Strait Islander identity
- age
- disability
- financial distress
- family violence
- low level literacy
- mental health conditions
- natural disaster
- non-English-speaking backgrounds
- isolation
- incarceration.

Trustees will have internal policies in place to help staff identify vulnerable members and will ensure staff are provided with the necessary tools to better assist members who may require additional support.

Trustees will make their policies on vulnerable members publicly available.

In consultation with the member, trustees may refer the member to people or services with specialist training and experience to appropriately engage with and support the member's needs.

Trustee staff will engage with members in a dignified, respectful and compassionate manner and will give staff access to resources and training to ensure this occurs.

Providing information

Where the member tells the trustee that they require support or assistance from the trustee, the trustee will provide support or assistance to the best of its ability. The trustee will ask for the member's permission to keep a record of the support or assistance they require.

If the member requires additional support from a representative, family member or friend, the trustee will recognise this and allow for it in all reasonable ways.

The trustee should recognise that certain members may require support in meeting identification requirements.

The trustee will take reasonable measures to assist members with meeting identification/ verification requirements and provide a flexible approach to approach to verification and identification in line with AUSTRAC guidance, while still complying with obligations under the law.

The trustee should recognise that people living in isolation and/or remote and regional communities may have trouble meeting their obligations to provide us with documents and to take part in assessments in the timeframes set by the trustee. The trustee will take this into account when going through the underwriting and claims processes.

If the member needs help with the claim process, in understanding what is required of them, completing claim forms or providing requested claim information, the trustee will work with the member and the insurer to find a solution. This may include endeavours to collect the information on the member's behalf, with the member's permission.

Interpreting services

The trustee will provide access to an interpreter at the member's request, or where an interpreter is needed to communicate effectively with the member.

The trustee may use an interpreter who is a member of staff, or an external interpreter.

The trustee will appoint an external interpreter if a member of staff is unable to clearly communicate with the member in their chosen language.

The trustee will arrange relevant training for staff who are likely to be involved in communications requiring an interpreter.

The trustee will provide a direct link on our website to information on interpreting services and any other relevant information for non-English speakers, including any insurance information that we have translated into other languages.

Guardianship

The trustee recognises that where members are under the care of an appointed guardian, administrator or the holder of an enduring power of attorney, any communications they provide will be sent directly to the guardian, administrator or attorney, and the trustee may only accept payment instructions from them.

Release of funds

If the trustee allows its members to receive early release of some of the money in their account on the basis of severe financial hardship or compassionate grounds, the trustee will clearly explain the process on its website. If the trustee does not allow this, it will explain the reasons for this on its website.

If the trustee grants the release of the member's superannuation account balance (for example, due to a terminal illness), the trustee will let the member know the impact on any insurance cover they still have at the time and that they can choose to leave enough funds in their account to pay the premiums for their cover.

4

Purpose

The purpose of this guidance note is to assist funds to identify vulnerable members and ensure that all trustee and associated partner staff are aware of, and can recognise, the need for additional support that these members may have.

This guidance note also addresses how to cater for the needs of vulnerable members with regards to products and services including the provision of dedicated and/or trained staff that can provide additional support.

Incorporating robust checks and balances, this policy aims to:

- Provide a well-defined, systematic approach to vulnerable members
- Assist funds and Insurers to proactively identify vulnerable members and minimise the reliance on self-identification by the members themselves
- Provide a culture of support, protection, and accountability
- Ensure appropriate support is provided to vulnerable members when it is required rather than an ad hoc approach
- Empower members to be confident in the decisions they make because they can access and understand the information they need to make them.

5

Guidance Note principles

This guidance note recognises that superannuation fund policies for vulnerable members will require a commitment to dedicated and professional support.

Funds need to adopt a flexible approach in recognition of a member's vulnerability status so that the experience of vulnerable members is not diminished through over-adherence to prescriptive rules. This policy advocates that vulnerable members are treated with dignity and respect and recognised as capable decision makers.

Members who have unique needs or experience vulnerability may require additional support when communicating with funds and insurers about insurance, making an enquiry, claiming on their cover or making a complaint. Members can be temporarily or permanently vulnerable and their needs can change over time or be exacerbated in certain situations.

This guidance note requires policies to advocate for respect and inclusivity and should inform the training of superannuation fund staff and third parties. Individuals that access insurance in their superannuation should find it easy to understand, easy to access, and accommodating to their needs.

Discriminatory language, attitudes and assumptions should not play a part in any interactions that individuals have with their superannuation fund.

5.1. Respect provision

Members must always be treated with respect and fund and insurance staff must always be respectful of a member's or their representatives' personal circumstance.

6

Definitions

A member's vulnerability may be due to a single factor or a combination of factors:

6.1. Aboriginal or Torres Strait Islander peoples

Approximately 3% of Australians identify as Aboriginal or Torres Strait Islander peoples. Individuals who identify as Aboriginal or Torres Strait Islander may be affected by the gaps in health and wellbeing noted and monitored by the Australian Government. These gaps have been identified as a lower life expectancy, higher levels of child mortality, reading, writing and numeracy gaps, employment and early childhood and educational attendance.

Indigenous adults are 32 times as likely to be hospitalised for family violence as non-Indigenous adults and between 2017 and 2018, 25% of Indigenous specialist homelessness services clients sought assistance for family violence (AIHW 2019).

Indigenous Australians are twice as likely as other Australians to be seriously injured, and twice as likely to die of an injury (AIHW).

6.2. Age

In the context of financial services, age is acknowledged as a potential vulnerability for several reasons:

Younger:

- Very young members of a Fund may lack financial literacy or be more vulnerable to fraud due to inexperience or an overly trusting approach
- Young women aged 18–34 are 2.7 times as likely as those aged 35 and over to have experienced intimate partner violence in the last 12 months (ABS 2018)
- Most hospitalisations due to injury occur in the 25–44 age group for males.

Older:

- Many older members will have kept up with technological changes, but some won't have the skills or ability to access information and forms online
- Of all people with disability, 1.9 million are aged 65 and over, representing almost half (44.5%) of all people with disability. This reflects both an ageing population and increasing life expectancy of Australians (Australian Network on Disability)
- Most hospitalisations due to injury occur in the 65+ age group for females
- Close to 1 in 4 adults aged 65+ are considered to be socially isolated due to living alone, losing family members and friends, chronic illness and hearing loss.

Elderly:

- For elderly members of a Fund, staff need to be aware of the risk of elder neglect, elder emotional or psychological abuse and, in particular, elder financial abuse. Elder financial abuse is the mismanagement or improper use of an older person's finances and staff need to be particularly vigilant when managing requests from third parties for elderly members. In 2017–18, more than 10,900 calls were made to elder abuse helplines across Australia. Female victims outnumbered male victims in each state and the proportion of victims generally rose with age. Emotional and financial abuse were the most common types of elder abuse reported (AIWH).

6.3. People with disabilities

According to the Disability Discrimination Act 1992 (Cth), to be deemed a disability, an impairment or condition must impact daily activities, communication and/or mobility and have lasted or is likely to last six months or more. The breadth of impairments and medical conditions covered by the Disability Discrimination Act 1992 (Cth) are:

- Physical – affecting a person's mobility or dexterity
- Intellectual – affecting a person's abilities to learn
- Mental Illness – affecting a person's thinking processes
- Sensory – affecting a person's ability to hear or see
- Neurological – affecting the person's brain and central nervous system
- Learning disability
- Physical disfigurement or
- Immunological – the presence of organisms causing disease in the body.

Disability can be visible or non-visible, with a higher prevalence of non-visible disability in Australia. Disability can be inherited or acquired (due to illness or injury) and can be temporary or permanent.

According to the Australian Human Rights Commission (AHRC), one in five Australians has a disability, and the proportion is growing with the likelihood of living with disability increasing with age. Assisting to facilitate full and independent participation by people with a disability in their financial affairs including superannuation and insurance is consistent with our obligations to remove discrimination in all parts of life. Over two million people of working age in Australia have disability (Australian Network on Disability - AND).

Statistics collected by the AIWH reveal that 1 in 3 women and 1 in 5 men with disability experienced emotional abuse from a partner. When compared with people without disability, people with disability were 1.8 times as likely to have experienced physical and/or sexual violence from a partner in the previous year, and 1.7 times as likely to have experienced sexual violence (including assault and threats) since the age of 15 (ABS 2018).

6.4. Financial distress

Financial distress is defined as a condition in which an individual cannot generate sufficient revenue or income, so that they are unable to meet their financial obligations.

People living in the most disadvantaged areas of Australia are 1.5 times as likely to experience partner violence as those living in areas of least disadvantage (ABS 2018).

There is 1.5 times the rate of disease burden in the lowest socioeconomic group compared with the highest socioeconomic group (AIWH).

6.5. Family violence

The Australian Institute of Health and Welfare (AIHW) in their report *Family, domestic and sexual violence in Australia: continuing the national story 2019* describe family violence as:

'…violence between family members, typically where the perpetrator exercises power and control over another person.'

Family violence is the preferred term for violence between Aboriginal and Torres Strait Islander people, as it covers the extended family and kinship relationships in which violence may occur. Domestic violence is considered a subset of family violence and typically refers to violent behaviour between current or previous intimate partners.

Acts and behaviours associated with family, sexual and domestic violence vary in type, duration, intensity and frequency and include physical and sexual violence and psychological and emotional abuse. The term 'violence' also includes the attempt or threat of violence.

6.6. Low level literacy

This definition includes reading and writing, numeracy and financial literacy.

6.6.1. Reading literacy

A study by the OECD found that over 20% of Australians can only complete very simple reading or mathematical tasks, such as reading brief texts on familiar topics or understanding basic percentages.

Nearly half (44%) of all Australians are at literacy level of 1 to 2 (a very low level), 39% are at level 3 and only 17% of Australians at are at level 4 to 5 (the highest level).

6.6.2. Numeracy

Numeracy levels in Australia show that approximately 55% are at numeracy level 1 to 2 (a very low level), 32% at level 3 and only 13% are at level 4 to 5 (the highest level).

6.6.3. Financial literacy

Due to the nature of the service Funds provide to our members, it is important to consider financial literacy in our membership base. A study by Professor Alison Preston from UWA estimated that nearly one in two (45%) of adults in Australia are financially illiterate (that is, being unable to explain three basic financial concepts).

6.7. Mental health conditions

A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria. The term mental disorder is also used to refer to these health problems.

A mental health problem also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness.

About one in five Australians will experience a mental illness at some time in their lives.

Mental health problems are more common and include the mental ill health that can be experienced temporarily as a reaction to the stresses of life. While mental health problems are less severe than mental illnesses they may develop into a mental illness if they are not effectively dealt with.

Mental illnesses cause a great deal of suffering to those experiencing them as well as their families and friends. Furthermore, these problems appear to be increasing.

According to the Department of Health, almost half of all Australians aged 16 to 85 years will experience mental illness at some point in their life. The most common conditions are anxiety, affective disorders (especially depression) and substance use disorders (especially alcohol use).

One quarter of Australians aged 16 to 85 years will experience an anxiety condition during their lifetime and women are more likely than men to experience depression and anxiety.

6.8. Natural disasters and catastrophic events

Funds will be guided by the Insurance Council of Australia (ICA) definition as to what is considered a natural disaster or catastrophic event. Natural disasters and catastrophic events in Australia can include heatwaves, bushfires, droughts, floods, severe storms and tropical cyclones, earthquakes, pandemics, tsunamis and landslides. Claims handling procedures will be adjusted according to what is a fair and reasonable response to the disaster or catastrophic event.

6.9. Non-English-speaking backgrounds

Culturally and Linguistically Diverse (CALD) people are people from other cultures, or people who speak another language. People who live in Australia are from over 190 countries and come from 300 different ancestries.

In Australia:

- 27% of Australians were born overseas
- 46% of Australians have at least one parent who was born overseas
- 19% of Australians speak a language other than English at home
- Since 2005, migration has contributed more to the Australian population growth than the birth-rate.

6.10. Isolation

6.10.1. Social

Social isolation is seen as the state of having minimal contact with others. It differs from loneliness, which is an emotional reaction to having a lower level of social contact than desired. A person may be socially isolated but not lonely, or socially connected but feel lonely. The number of friends a person has does not predict how lonely they feel. Social isolation significantly increases a person's risk of premature death from all causes and is associated with an increased risk of dementia. Loneliness has been associated with higher rates of depression, anxiety and suicide.

6.10.2. Geographical

Where you live can affect your chances of serious injury or death from injury, with the highest rates of injury among people in remote areas.

People living outside major cities are 1.4 times as likely to have experienced partner violence since the age of 15 as people living in major cities and people in remote and very remote areas are 24 times as likely to be hospitalised for domestic violence as people in major cities.

In remote and very remote areas, individuals experience 1.4 times the rate of disease burden compared with major cities (AIWH).

6.10.3. Incarceration

The AIHW has recognised that incarcerated individuals are a particularly vulnerable population. While the cohort of incarcerated persons is diverse, it is widely recognised that they have higher health care needs than the wider population. In 2019, 43,000 individuals were incarcerated in Australia and of those 28% identified as Aboriginal and Torres Strait Islander.

7

Addressing specific issues

It is important to accommodate the requirements of vulnerable members to allow equitable access and strengthen a fund's relationship with its consumers.

Research conducted by the AHRC shows that people with disability are three times as likely to avoid an organisation and twice as likely to dissuade others because of an organisation's negative diversity reputation than people without a disability. 28% of people with disability report that they have experienced discrimination by one or more of the organisations they've recently interacted with and 1 in 3 people with disability report that their customer needs are often unmet. Almost one-third (33.1%) avoid situations such as going to the shops or the bank because of their disability.

7.1. Communication

To ensure inclusivity of communication, content should be written clearly for a diverse audience and be available in a number of alternative formats.

7.1.1. Alternative formats

Alternative formats to consider include audio, easy English, e-text, Auslan translation or Braille. Video content should always include subtitles and consideration should be given to subtitles in the languages other than English that are most commonly spoken by fund members.

An accessibility tag should be included in publications such as the suggested text from the Victorian government:

Contact us if you need this information in an accessible format such as large print or audio, please telephone (call centre details) or email (fund enquiry email address). This document can also be found in (....for example, HTML or PDF) formats on our website (fund website address).

7.1.2. Online content

Web Content should comply with the Web Content Accessibility Guidelines (WCAG) 2.1 and funds should decide what level of accessibility they want to have in their web content.

The WCAG guidelines outline Four Principles of Accessibility for web content, but that are equally as applicable for all content developed by funds.

Users must have content that is:

- **Perceivable -** Information and user interface components must be presentable to users in ways they can perceive. This means that users must be able to perceive the information being presented (it can't be invisible to all their senses)
- **Operable -** User interface components and navigation must be operable. This means that users must be able to operate the interface (the interface cannot require interaction that a user cannot perform)
- **Understandable -** Information and the operation of user interface must be understandable. This means that users must be able to understand the information as well as the operation of the user interface (the content or operation cannot be beyond their understanding)
- **Robust -** Content must be robust enough that it can be interpreted reliably by a wide variety of user agents, including assistive technologies. This means that users must be able to access the content as technologies advance (as technologies and user agents evolve, the content should remain accessible)

7.1.3. HTML vs PDF

It is important to note that HTML formats should be prioritised online as PDFs are not accessible on all mobile devices. PDFs do not comply with Web Content Accessibility Guidelines (WCAG) 2.1 due to a lack of support for document structure. When providing a link to a PDF document, the PDF must be accessible, but it is best practice to offer an alternative accessible format such as HTML.

7.1.4. Visual impairments

For individuals with a visual impairment, the minimum type size of 12 point or 16 point is recommended. Plain fonts such as Arial are more easily perceived because they do not contain small curls or decorative features (sans serif). Information is easier to read if it is written using a mixture of upper and lower case with blocks of text in capitals avoided.

Funds should aim to use a simple layout and bold text for emphasis rather than underlining or using italics. Margins should be justified on the left-hand side but unjustified on the right for ease of reading.

Funds should avoid placing text over pictures or other images as it makes the text difficult to read. Consideration should be made to limit the use of tables and try to use bullet points where possible, for better visibility and for people with low literacy.

Where tables are used, the content should be designed so that it is suitable for screen reading software – for example, by formatting rows with headings as heading rows.

Include accessibility tags in publications to let readers know other formats are available and how to obtain them via telephone, email or website. Use cream or off-white non-glossy paper to reduce glare and uncoated paper weighing over 90gsm.

Funds should keep in mind that very large or very small documents can be difficult to handle. A4 size is generally the most user-friendly.

7.1.5. Low literacy levels

All content should be written in plain English to Australian Grade 8 level (age 12-13). Content should be concise as possible and use headings to 'signpost' the information. Paragraphs should be succinct and use a minimum 14-point font size. Illustrations, symbols or photographs should be used to assist the reader to understand the concepts.

When considering readability, funds should choose a method of assessing their content such as:

- Hemingway app
- Flesch Kincaid Grade Level
- Gunning Fog Score
- Simplified Measure of Gobbledygook Index
- Coleman Liau Index
- Automated Readability Index.

7.2. Lack of/limited English comprehension

7.2.1. Interpreters

Funds need to provide access to an interpreter at a member's request, or where there is a need for an interpreter to communicate effectively with a member. An interpreter may be a staff member or an external interpreter.

All external interpreters must be bound by the Australian Institute of Interpreters and Translators (AUSiT) Code of Conduct.

Fund staff will receive training if they are likely to be involved in communications requiring an interpreter.

The Fund will provide a direct link on the website to information on interpreting services and any other relevant information for non-English speakers, including any insurance information that has been translated into other languages.

The Fund will consider the most cost-effective way of providing interpreter services to members. Members requiring interpreter services should not be financially disadvantaged.

7.2.2. Translations

Funds will conduct member research to find out which languages their members need to read the information in. Translations should be written in plain English first so that it is easier to translate and read once translated.

Best practice is to use a NAATI-accredited translator and have another accredited translator check the translation.

Specific attention should be paid to insurance specific factsheets being translated into languages used by significant cohorts of fund membership.

7.3. LGBTQIA+, biological sex and gender identity

For member-facing staff, training and awareness is key. Members of funds should have the ability to have their gender identity recorded accurately and be communicated with accordingly. No assumptions should be made by member-facing staff as to the gender or gender identity of a member or a member's partner or spouse.

Strategies should be developed to include members that have differing gender identities and intersex traits.

7.4. Identification & KYC

Reasonable measures should be taken to assist members with meeting their verification requirements while ensuring that the flexible approach to verification and identification is in line with AUSTRAC guidance and is still compliant with the Fund's obligations under the law. Longer timeframes should be given to vulnerable members that are having difficulty providing documentation.

7.5. Aboriginal and Torres Strait Islander peoples

Funds should consider adopting the FSC Standard No. 22 Cultural Capability in Native Title Services. This standard encourages good practice in the provision of tailored, culturally appropriate financial services to assist Communities to achieve their goals and aspirations. This standard recommends a partnership model that recognises Communities' diverse governance structures, cultural practices, social circumstances and languages.

All funds need to move towards the implementation of a Reconciliation Action Plan (RAP) to support the national reconciliation movement. A RAP will outline the many ways an organisation can support its Aboriginal and Torres Strait Islander employees and members.

An acknowledgement of country is an opportunity to acknowledge and pay respect to the Traditional Owners and ongoing custodians of the land – the Aboriginal and Torres Strait

Islander people. The acknowledgement could be considered for inclusion on websites and printed material as well as at speaking engagements.

We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

7.6. Age & frailty

An important key for dealing with older people is to avoid stereotypes. In the SA Government's 'A Practical Guide to Effective Engagement with Older People' the most common stereotypes are listed as:

- Most older people live in institutions.
- Retirement is less difficult for women than it is for men.
- Dementia, sickness and disability is to be expected or comes with old age.
- Older workers are less productive than younger workers.
- Older people cannot learn, are set in their ways, unable to change.
- Older people are weak, helpless, sweet, kind, at peace with the world.
- Older people are boring, forgetful, unproductive, grouchy and cantankerous.
- Old age begins at 60.
- Older people are past being consulted about anything – even their own lives.
- The majority of older people see themselves as being in poor health, are lonely, and isolated from families/friends.

The guidelines recommend that staff treat everyone as an individual, encourage staff to assess how age stereotypes may impact their views and encourage others around them to reject age stereotypes.

To protect elderly members that may be vulnerable, it is important to ensure that staff have training regarding elder abuse and escalation strategies if they suspect elder abuse is occurring.

7.7. Injury or illness

Members may at times be unable to engage with the fund and insurer due to a significant injury or illness. A significant injury or illness may require the member to be hospitalised or may mean they are unresponsive for a period. A member may nominate a third party to liaise with the fund and insurer on their behalf if they are incapacitated. All member fund staff should discuss the third-party authorisation with members and their proposed representatives in these instances.

If a member is incapacitated or unable to engage with the fund and insurer, the member may appoint or have appointed a general or enduring power of attorney. Refer to section 8 of this document for more information on third party providers.

Not all injuries and illnesses will preclude the member from engaging with the fund or insurer. It may be difficult to recognise the types of injuries or illnesses that may prevent a member from engaging with the fund or insurer. At all times fund staff should be respectful of the members condition and support the member as best they can. However, extra support does not need to be provided if the member does not meet the vulnerability criteria.

7.8. Mental Health

All member facing superannuation fund staff should receive mental health training. The purpose of the standard is to ensure individual receive an appropriate level of education and training in relation to 'mental health' awareness.

7.8.1. Suicide

All mentions of self-harm or suicide must be treated seriously and escalated accordingly. All staff need training to respond to threats of harm to self or others. If a member is actively suicidal, emergency services can be called. In a situation where there is evidence that a member is going to harm themselves or others, their confidentiality is placed secondary to their safety. Funds need to have escalation procedures in place for threats of self-harm, suicide and threats to others.

Debriefing and extra support should be made available for staff that working in call centres, claims assessment teams and complaints teams due to the nature and content of the interactions with members.

7.9. Family violence

If a staff member is made aware that a member is a target of family violence, the member's safety must always be prioritised. The member's privacy should be protected with vigilance and third-party authority procedures should be followed rigorously.

A family violence escalation procedure should be developed by funds and staff trained accordingly.

7.10. Natural Disasters/Catastrophe

Member facing staff need to receive training for procedures following a catastrophe and/or natural disaster as declared by the Insurance Council of Australia. This includes business continuity training and include the consideration that the disaster may also affect the member-facing staff.

Training should include how to refer members to practical support in addition to mental health support if necessary.

7.11. Case Management

ASIC has previously recommended that a dedicated case management team deal specifically with members with unique needs. ASIC found that the case manager was able to attend to urgent requests that couldn't be addressed within normal processing timeframes. They could also coordinate access to different products and services that addressed the complex needs of vulnerable consumers. ASIC found that the provision of a case management service facilitated empathetic and informed conversations, which minimised consumer effort and stress when navigating complex financial products and services.

This guidance note suggests that Funds consider whether the provision of a dedicated case management service is practical and meets the needs of members' best interest.

A possible approach is to leverage the case management model that is already used by insurance claims teams. This is where a member is assigned one point of contact for the duration of their enquiry or claim. Vulnerable members could be preferentially assigned to more senior members of the claims, complaints or contact centre team.

Whatever model is adopted, it is important to note that research has identified that it is the rapport-building ability and care demonstrated by individuals that reduces distress and complaints in individuals in times of stress and vulnerability. Additionally, in the face of errors, complaints and lawsuits drop significantly when practitioners:

- Advise clients of the error
- Let them know how the error happened
- What will be done to make the error less likely in the future
- Apologise for the error
- Offer remediation when applicable.

8

Third Party Authorisation

Funds must be aware of subcontracting by third parties any services they are contracted to perform as part of their service to a fund.

Third parties should inform their fund of any subcontracting undertaken as part of their service to a fund.

Third-party providers authorised by vulnerable members to act for them include the National Relay Service, Translating and Interpreting Service, Powers of Attorney, legal agents, advisers or state trustees. These providers are to be managed in line with the Fund's Privacy and Confidentiality policy obligations.

9 Training

9.1.

Funds need to ensure their staff have the appropriate education and training to provide their services competently and to deal with vulnerable members proactively and professionally. This includes empathy training, and cultural awareness training, on how to identify vulnerable members and training for staff who can provide specialist support.

9.2.

Funds should ensure their staff and service providers have access to up-to-date community resources to support our members, such as:

Name	Contact details
Welfare Rights Centre	https://welfarerightscentre.org.au/
National Relay Service	https://www.communications.gov.au/what-we-do/phone/services-people-disability/accesshub/national-relay-service
Lifeline	www.lifeline.org.au
Translating and Interpreting Service (TIS National)	https://www.tisnational.gov.au/
National Debt helpline	https://ndh.org.au/
Gamblers help	https://gamblershelp.com.au/
Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	https://aiatsis.gov.au/
beyondblue	www.beyondblue.org.au
Black Dog Institute	www.blackdoginstitute.org.au
Centre for Mental Health Education	www.cmhe.org.au
Mental Health at Work	www.mhatwork.com.au
Mental Health Council of Australia	www.mhca.org.au
Mind Matters	www.mindmatters.edu.au
SANE Australia	https://www.sane.org/
SuperFriend	www.superfriend.com.au

10

Complaints

Funds should ensure vulnerable members have reasonable and equitable access to the complaints process, with consideration to any specific category, as referenced in this policy.

This includes the decisions or conduct of any of our service providers.

All members need to be able to submit a complaint or raise dissatisfaction, receive ongoing updates about the management of the complaint raised and receive support on any final dispute resolution.

Funds should ensure that they have a proactive and innovative approach to promoting awareness regarding our Internal Dispute Resolution process.