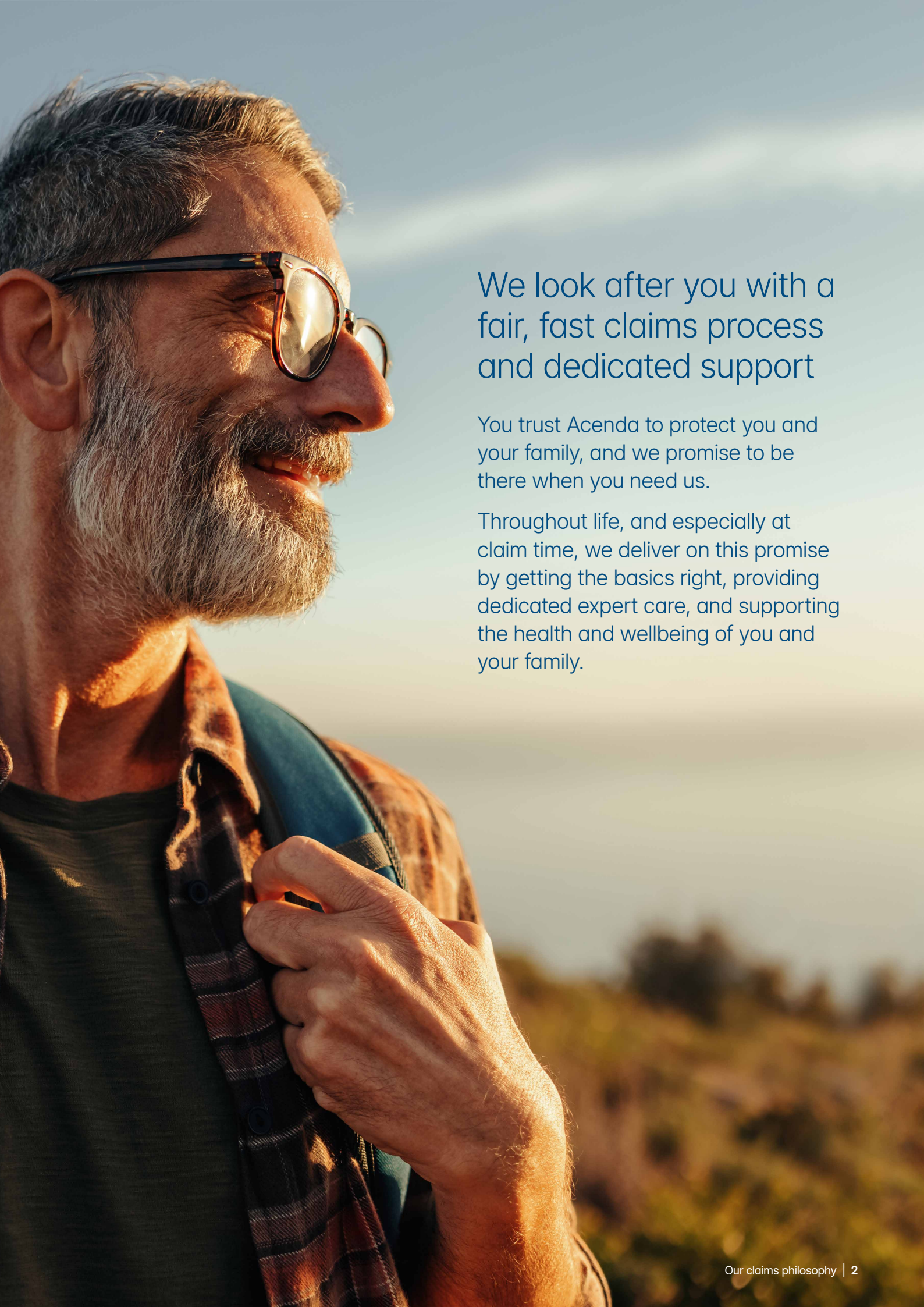




Our claims
philosophy



We look after you with a fair, fast claims process and dedicated support

You trust Acenda to protect you and your family, and we promise to be there when you need us.

Throughout life, and especially at claim time, we deliver on this promise by getting the basics right, providing dedicated expert care, and supporting the health and wellbeing of you and your family.



We get the basics right

Our highly skilled and caring team make claiming simple, fair, and fast - approving and paying eligible claims as quickly as possible. We make it easy to claim and access benefits by helping you gather the information we require for assessment and by identifying all the policy features and benefits you're entitled to.



Our team are here for you

A dedicated case consultant will be by your side throughout your claim. They'll get to know your story and make sure your needs are heard and met. They'll support you every step of the way – both with the claim process and accessing services for your health and wellbeing. They are a trusted person you can talk to and rely on during this difficult time.



Care that exceeds your expectations

Your health and wellbeing are at the centre of everything we do. That's why we provide you and your family access to Vivo – our award-winning health, wellness, and recovery program that supports you throughout life.

Returning to life as an active member of your community and family, and enjoying work, is critical for your long-term wellbeing after an illness or injury. If it's relevant for your situation, we'll work with you to set goals and help you achieve them by tapping into our expansive resources and expertise.

Get support for your health, wellness and recovery today by visiting vivowellbeing.com.au.

Not sure if you're eligible to claim?

If your insurance is in your super account, we encourage you to contact your fund today to find out more.

If you purchased your insurance policy through an adviser, call us directly on **1300 125 246**.



We commit to these principles for every claim



Simple claims processes

We make each step of the claim process as simple as we can. Our aim is to make life easier for you during a stressful time. Your dedicated case consultant will check in regularly to provide support and keep you up to date with the progress of your claim, the next steps, and timeframes.

We'll only ask you for the information we need to assess, manage, and pay your claim. We'll ask for this as early as possible and avoid making multiple requests. We can help you collect this information if you have difficulty doing it yourself.



Quick and fair assessments

We aim to meet and beat the following standard timelines outlined in the Life Code of Practice.

- **Initial assessment** – up to 10 business days (after receiving the claim).
- **Progress updates** – at least every 20 business days throughout the claim process, unless otherwise agreed.
- **Claim decision** – up to 10 business days after getting all the information we need. This can sometimes take longer depending on when you, your doctor or another party sends through requested information.

We aim to be fair and use a common-sense approach when assessing claims and interpreting the policy wording.



Communicate openly and honestly

We know insurance agreements can look complex and often use legal terminology. We'll remove the complexity and make things easy to understand, be transparent, and let you know your rights if you disagree with our decisions.



Compassionate and skilled team members

You're in caring, expert hands when you make a claim. Our consultants have dedicated their careers to helping people through life's most challenging moments. We only choose the right people for the job – compassionate and empathetic professionals with the right experience, skills, and qualifications.



We commit to these principles
for every claim



Provide the right care at the right time

We're focused on supporting your individual needs and take a tailored approach. We help you set realistic goals and milestones in collaboration with your doctors and employer (if relevant), to help you achieve greater physical, social, psychological, and financial outcomes.

Supporting members experiencing a mental health condition has unique challenges and time sensitivities. So, we have a specialist claims team in place to provide the right care at the right time.



Accessible feedback and complaints system

We try to get it right every time. But if you feel we haven't, we want you to let us know so we can fix it. If we can't immediately resolve your complaint, you can access our internal and external dispute resolution committees to make sure your case is reviewed and resolved in a fair and impartial way.



Review the quality of our service

We constantly review the quality of our claims service to make sure we deliver the claims experience we have promised.



Adhere to the Life Insurance Code of Practice

The Life Insurance Code of Practice was developed by the Life Insurance industry to reflect the commitment to high standards of member service. It codifies our obligations and commitments to you and all our members. We have adopted the Code and are committed to meeting all its obligations.



Keep your private information secure

We take your privacy seriously. We abide by the principles of the Privacy Act 1988 and any other legal obligations when we collect, store, use and disclose personal information about you. For more information, read our Privacy Policy.



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