



CLAIMRIGHT

claiming your life back after an illness or injury with TPD.

CLAIMS ADMINISTRATION &
DISABILITY TECHNICAL SERVICES

INSURANCE. SUPERANNUATION. CENTRELINK. DEBT WAIVERS. NDIS

INTRODUCTION

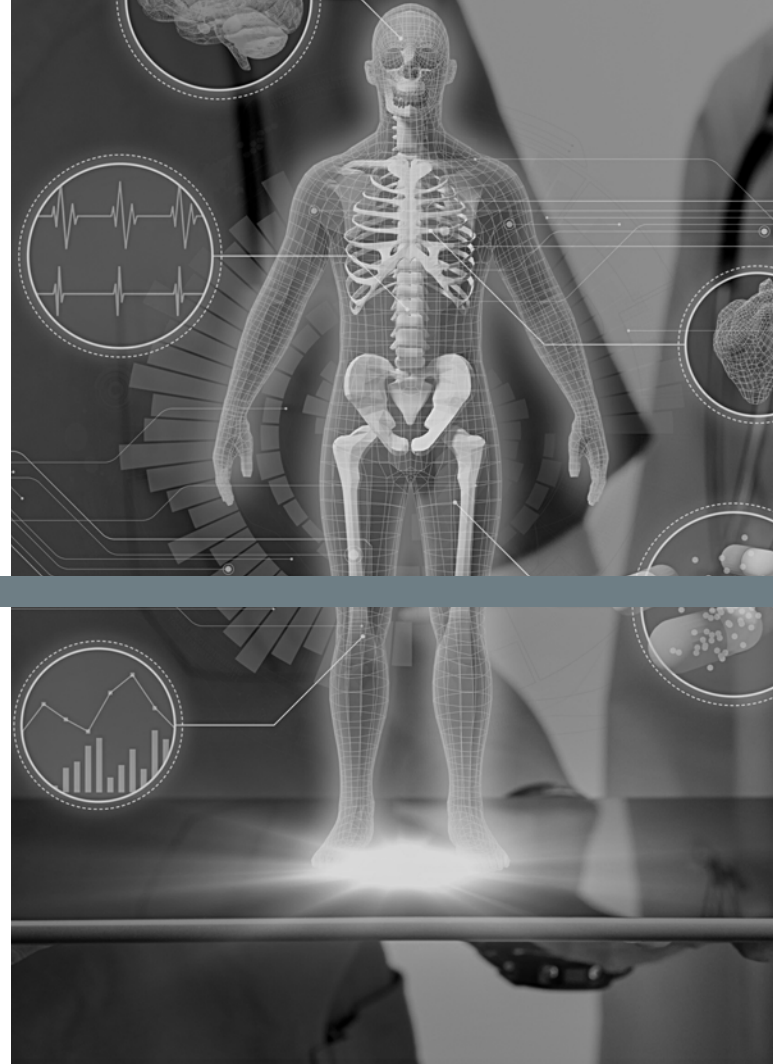
ClaimRight was founded in 2017 to assist people with complex health conditions and disabilities navigate the complicated maze of systems and entitlements including personal insurance, superannuation incapacity claims, Centrelink Disability Support Pension and the National Disability Insurance Scheme (NDIS).

Our **goal** is to provide professional assistance that is **smart, fair** and **affordable** while delivering a **client centric service**.

Our **mission** is to deliver **funds, housing** and **support** to those who suffer from complex health conditions and disabilities.

EVIDENCE BASED INNOVATION

Insurance and Centrelink claims are linked to the functional capacity of the body and the mind, and how the two impact job capacity and social interaction. Repetitive success depends on the ability to accurately measure the functional impairments and analyse the data



against insurance policies and other legislative criteria. By using a scientific evidence based medico-legal-functional approach, we are able to verify the accuracy of existing medical evidence and request appropriate evidence if required.

Trust Expertise

Our team of highly qualified specialists are lead by our founder William Johns who holds dual qualifications in disability and finance. To learn more visit claimright.com.au/about

Designed for Success

The ClaimRight system has secured tens of millions of dollars for our clients. We handled hundreds of claims and we our success rate stands at 98%. Disability providers also reported a 35% funding increase on average when using ClaimRight systems.

CASE STUDY

John* is an experienced financial planner who provides strategic advice to his clients. He referred his client Helen* to ClaimRight after Helen was diagnosed with Generalised pain disorder, fibromyalgia and Chronic Fatigue Syndrome.

Helen reported that she was very anxious at work and not coping with the new tasks. She has two policies, one John arranged and one default TPD cover in super.

What we did

- Gave her a **free review report** on her superannuation and insurance entitlements.
- We helped her **articulate** her **symptoms and challenges** with our HearMe software so she no longer has to explain herself.
- We **managed the paperwork** and clarified what her doctors needed to write.
- We **filled out all her paperwork** and sent it to her for verification.
- We **communicated with her employer** and received her payslips and other documents.
- We **reviewed the application for quality** issues before sending to the insurer.
- We **managed** and put pressure on **the insurer** to act quickly.

Helen also has a \$26,000 **credit card**. Using our **Waiver** service, the bank waived the credit card debt without bankruptcy or insolvency.

Furthermore

- We managed her **Disability Support Pension** application and all calls and follow ups with **Centrelink**
- We secured **Carer Payment and Allowance** for her partner George.
- We helped her apply for the **NDIS** and attended her **planning** meeting which is now providing her services such as therapies, cleaning, social outings and more. The total package is worth \$65,000 per annum.

Summary:*

Helen walks away with **no debt**, a tax effective **lumpsum**, comprehensive government funded in-home **support services (NDIS)**, and a regular Centrelink **income** for her and her partner George.

The following is a break-down of what Helen received:
Insurance in super (TPD): \$221,000
Centrelink DSP & Carer: \$711 each, a fortnight
NDIS funding package: \$71,500 per annum of services.
Credit Cards: bank agreed to waive \$21,200 debt.



OUR 8 STEPS TO SUCCESS!

Many people feel that lodging their own claim is too overwhelming and difficult, and they do not trust the insurance companies. We understand this, but we hope you will consider it because you deserve a life with financial security. We encourage people to think about lodging claims themselves before they consider alternatives. This guide should help you get started and we are sharing with you the basics. Remember, if at any point you feel overwhelmed or outpowered, we have your back. Just give us a call and we can take over from you at any point and rectify any mistakes if there are any.

01

Know where you stand

Start by looking into your superannuation account. Call the insurer and ask them if you had insurance in your account at the day of you last worked more than 10 hours a week. Call all funds even if they are closed or if your insurance is cancelled, What matters is if you had insurance on your date of disability (date last worked).

02

Obtain documents

With some luck, you would have located an insurance policy.

Ask them for the guides that apply to your claim at the date you last worked. The date you last worked should also be the date you stopped working due to your health issues.

03

Read the fine print

Ok this is a "legal" document, but you should be able to understand your options. There is always a savvy family member, friend or someone in your support group to help you. We are also happy to help too if you feel this is out of your depth.

Look for terms such as "exclusions", "we will not cover you if.." and "active employment".

Ask for help if you are confused or in doubt. Do not just lodge and hope for the best because you will often be asking for a large sum of money from an insurer.



04

Speak to your doctors

We often give a letter to our clients summarising the basis for the claim to give to their doctors. See if you can also write a summary to your doctor.

The doctor then feels appreciated and they understand what they need to do to help you. It also saves you a lot of money and possibility of a decline.

What really helps is if you wrote a list of your daily struggles and why they stop you from being able to work regularly and reliably. Do not forget to ask your doctors how much they will charge you and whether they had prior experience.

05

Fill out the forms and prepare the evidence

WE GIVE YOU VOICE

THE CLAIMRIGHT WAY

WE MEASURE AND ARTICULATE

Most people are unable to communicate their daily struggles accurately and in a way medical experts understand. This is the leading cause for declined claims. Our system, HearMe overcomes this risk by measuring your body function, and comparing your answers to the policy and to your ability to do your job, or any other job you are qualified for.

The insurer will generally send you the following forms:

1. a Personal Statement Declaration: Here, you will explain to the insurer your illnesses, when they started, and why they prevent you from working for the rest of your life.
2. a Medical Attendant Statement x 2: Here, two doctors will also need to certify that you are permanently disabled and unable to work in a job you are suited to by training, education or experience. Furthermore, medical evidence and commentary on your functional impairment including a background, when you were diagnosed, symptoms and your job description and more.
3. Employer Statement: A signed statement by your employer declaring what your job was, when you worked for them, if you took sick leave and when, and other information your employer may provide.
4. Other evidence such as:
 - Notice of Assessment (Tax Returns)
 - Bank Statements
 - Centrelink payment history
 - Payslips
 - Your Identification
 - and more.

It is common the assessors will come to you with more information or request full medicare access to understand the history of your illness. They may also contact any party to gather more information. Do not be disheartened if some information you already sent is requested. We often find assessors miss evidence and so on. You need to have the energy to deal with this.

06

Keep records!

Keep records of the date you lodged, how you lodged, photocopy everything you send, and be willing/ able to take phone calls and escalate complaints if things aren't going well.

07

Assessors will ask questions.

While your claim is being assessed, the insurance company is likely to ask you clarifying questions.

They may also ask your doctors for further evidence and may request more tests.

They may also call your employer to obtain further information about your job duties and history.

08

Outcome time

An outcome is usually communicated in writing and the process could mean several months after the day you started the process.

A positive outcome would come through a letter sent to you or someone you nominate acknowledging your claim has been accepted.

If it is declined, then a letter informing you of your rights will be sent to you including a "procedural fairness" letter, showing you details of why the insurer is not accepting your claim to give you a chance to rectify any disagreements.

CLAIMRIGHT SUCCESS

99% We actually have never had a claim declined but it would sound too unreal to put 100%. The reason, we do not put claims forward unless we know the odds.

Warning: Insurance claims can be a complex matter, We recommend you obtain financial advice. This can be arranged through our parent www.healthfinance.com.au

**Special
Offer**

This guide is not a substitute of financial advice or legal advice and we encourage you to seek advice relating to your personal circumstances including advice on Centrelink, Housing and taxation. Please contact us if you would like a referral. **Health & Finance Integrated is offering you an exclusive free 30 minute discussion valued at \$220 for all guide readers. Please quote "CR TPD Guide"**

CLAIM YOUR LIFE BACK WITH CLAIMRIGHT

Our services are **low cost**, we offer a **zero fee promise on insurance claims**. We encourage **ongoing communication** and provide **specialist disability advocacy** and **technical support**.

You will be added as a project collaborator, reviewing our progress in **real time** and communicating with us via SMS, phone, online portal and emails. We will work extremely hard to take pressure off you so you can **focus on yourself and your health**.



FINANCIAL ADVISERS USE US

I referred my clients to the team at ClaimRight.. they have had 2 TPD claims paid and \$18k credit card debts waived...you guys are amazing and are a beacon of light for our industry. If any adviser needs assistance for their clients with insurance claims I would highly recommend Will and his team. **Amanda Pond, Financial Planner, Puddle 2 Pond**



LAWYERS USE US

William Johns is a leader in his field and provides practical, sustainable and ethical solutions. He is the person you refer your mother, friend and family to as you know they will be in safe, extremely competent and knowledgeable hands. **Will Barsby, General Manager EMLife & CTP Claims**



PEOPLE USE US

I don't know where I'd be without the team's help. They took all of the stress away from the process, got me funds I had no idea I was entitled to and honestly went above and beyond to help me. I cannot recommend them enough **Ashleigh Glover, Victoria**

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Claim Right Pty Ltd does not provide legal or financial advice

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