

# Claiming a death benefit

with insurance guide

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## We're here to help

Speak with one of our Claims consultants on **1300 008 605**, Monday to Friday 9am-5pm (AEST/AEDT). If you're calling from overseas, please call us on +61 3 9192 4446.

Please read this guide along with the *Claiming a death benefit with insurance: Frequently Asked Questions (FAQs)*. You can access this document at **[mercersuper.com.au/claims](https://mercersuper.com.au/claims)**.

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# Claiming a death benefit with insurance guide

We understand this can be a difficult time. Our aim is to make the process of making a claim as easy as possible.

This guide will help you navigate the process of applying for a death benefit claim with insurance. Please read this guide along with the *Claiming a death benefit with insurance: Frequently Asked Questions (FAQs)*. You can access this document at [mercersuper.com.au/claims](https://mercersuper.com.au/claims).

## What is a death benefit?

A death benefit is a payment made to eligible people following the death of a member. It includes the late member's superannuation account balance and any insurance paid by the insurer.

## Steps to claim a death benefit



## Processing times

**Death benefit processing times can vary. We aim to complete the claims process (including payment) within three to six months from the date of notification of the death.**

While we aim to keep the process as efficient as possible, several factors may impact processing times and potentially extend the process time to over 12 months. These factors include:

- The time it takes for you to send us all the required documentation
- The complexity of the insurance claim
- If the late member has not given us any directions on who to pay the benefit to
- The complexity of the late member's family structure

- The number of people making a claim on the benefit
- If anyone objects to how we propose to distribute the money. This includes how long our Internal Disputes Resolution (IDR) process takes to resolve those objections.
- If anyone makes a complaint to the *Australian Financial Complaints Authority (AFCA)*, after the IDR process has been completed.

However, if the late member had provided a valid binding beneficiary nomination, this can help speed up the claims process.

# Step 1 Contact us

To start the claims process, call us on **1300 008 605**, Monday to Friday 9am-5pm (AEST/AEDT).

If you're calling from overseas, please call us on +61 3 9192 4446.

If a claims specialist isn't available when you call, we'll return your call within one business day.

## Information to have ready

When you call, please have the following information about the late member ready:

- Full name
- Address
- Date of birth
- Date of death
- Member number (if available)
- Account number (if available)

## What to expect

During the call we may ask other questions. This will ensure we provide you with the correct information and forms for your situation.

Our communications with you will be based on the information you are authorised to receive, and what our records show about:

- Death cover linked to the late member's account
- The late member's wishes about their superannuation in the event of their death

## How to stay in touch

Tell us how you'd like us to communicate with you – by email, phone or post. We'll check in every 20 business days using your preferred method, unless you let us know something different.

### Important information

If there are several people claiming a share of the death benefit, we may need to keep the process moving to avoid delays. We understand that some people may not be ready to start the claim straight away, and we will do our best to accommodate everyone's situation.

# Step 2 We send you claim documents

## This step will be completed within five business days.

Within **five business days** we'll send you a letter from your assigned **Case Manager** which includes additional information we need from you to start the claim process. This includes details about the late member and any relevant documents you may need to provide.

### Important information

- Your Case Manager will be your primary contact to help you start your claim. If your Case Manager is unavailable, our dedicated Claims team will help you.
- We will only send documents and provide details to people who are authorised to receive them.

# Step 3 You gather and complete the documents

Now that you've received the claims documents, it's time to gather the information and complete the necessary forms. Please call your Case Manager if you need help.

## Here's what you need to do:

1. Read the instructions: Carefully read through all the documents you received. Make sure you understand what is required for each.
2. Complete the forms
3. Collect supporting documents
4. Prepare your ID

## Here's a list of some of the documents you may need:

- Death Benefit Claim form\*
- Original statutory declaration\*
- Original certified copy of your ID and the late member's ID\*\*
- Original certified copy of your birth certificate
- Original certified copy of a registered marriage certificate or a registered relationship certificate (if applicable)
- Original certified copy of the full death certificate (including cause of death)<sup>#</sup>
- Original certified copy of the late member's will (if available)

Each members' circumstances are different, therefore some of the above documents may not apply.

## Returning the documents

Once you've gathered and completed all necessary documents, you'll need to send them back to us. If you require assistance in returning your documents, please contact your Case Manager.

## Important information

### \*The member's family and financial dependants

The forms will ask for details about the member's dependants at the date of their death.

We will use this information to identify potential claimants. In Step 7 we will consider the extent of financial dependency on the member at the date of death (among other things) when determining who will be paid the benefit.

### \*\*Finding documents

There are alternative methods to confirm your identity and relationship to the late member. Your Case Manager will be able to help you with other options to identify yourself.

For more information about certified identification, including how to get your documents certified, please read the Completing proof of identity factsheet at [mercersist.com.au/identitychecklist](https://mercersist.com.au/identitychecklist)

### #Cause of death

Please let us know if you're having difficulty obtaining the cause of death.

Refer to the **FAQs** for more information.

## Tip

Learn more about binding and non-binding beneficiary nominations. Visit our dedicated page at: [mercersist.com.au/nominate](https://mercersist.com.au/nominate).

# Step 4 We check your documents

## This step may take up to ten business days.

When we receive your completed documents, we'll review them to ensure you've provided everything we need within ten business days. If anything is missing, or unclear, we will contact you.

## Insurance checks

We'll check if there was insurance cover available to claim on the date of the member's death.

Here's what we'll check

1. Premiums were paid when due, and that cover had not stopped because the balance in the account was too low to pay the premiums.
2. Cover wasn't cancelled by the member or under superannuation laws. This includes after 16 months of inactivity, if the member had not provided instructions for insurance cover to continue.
3. Any other terms and conditions that may have caused cover to stop or prevent the claim being paid.

## Sending the insurance claim to the insurer

Once we've received the minimum insurance requirements as outlined in the letter from your Case Manager, completed all the insurance checks, and checked the insurance was current at the date of death, we'll send the claim to the insurer.



# Step 5 Insurer makes a recommendation

**This step should take the insurer 15 business days.<sup>1</sup>**

The insurer will assess the claim. They will consider the cause of death shown on the death certificate and details held in the late member's membership records.

## Checking for exclusions

The insurer will check whether any of the *standard exclusions* and *limitations* in the insurance policy (and disclosed in the member's insurance booklet) apply to the late member's cover. This could mean that in some circumstances the benefit is not payable.

Please refer to the **FAQs** for more information about exclusions and limitations.

## Request for more information

The insurer may ask for more information from you or us, if needed.

## Recommendation by the insurer

Once the insurer is confident they have all the information, they'll recommend to either:

- Accept (pay the claim) or
- Decline (not pay the claim).

The insurer will inform us of their recommendation.



<sup>1</sup> Circumstances Beyond the Insurer's Control, as defined in the Life Insurance Code of Practice. For example:

- The insurer has been unable to contact you about your claim.
- You have not responded to the insurer's reasonable enquiries or requests for documents in a reasonable timeframe.

The code ensures a consistently high level of product and service standards for life insurers to abide by for life insurance policies issued within Australia.

# Step 6 We review the insurer's recommendation

This step should take up to 15 business days.

## Accepted claim

We'll notify you if you're an authorised party to the claim. We'll also let you know if any further information is required. This notification will include the amount of the death benefit (which includes the account balance plus the insurance payment) and any outstanding requirements (if needed).

### Important information

Payment will not occur until we determine how the death benefit will be paid. Please refer to Step 7.

## Declined claim

If the **insurer's recommendation** is to decline the claim, we'll review their recommendation within **15 business days**. If exceptional circumstances apply and we need more time, we'll write to you to explain why.

## Advocating for you

If we disagree with the insurer's recommendation to decline the claim, we have a legal obligation to advocate on your behalf if there is a reasonable prospect of the insurance claim being successful.

We will keep you updated as we work through our review with the insurer.

## If we agree with the insurer's recommendation to decline

If we agree with the insurer's recommendation to decline the claim, we will notify you within **five business days** after the completion of our review. If this happens, you will receive a written explanation of the insurer's reasons for not paying the benefit.

We will provide you with the following options:

- The opportunity to provide further information and request a review of the insurer's decision
- Information about the complaints process



# Step 7 We determine who to pay

The time taken to complete this step can vary as it depends on the complexity of the claim. This will take approximately 20 business days once the trustee has enough information to make an informed decision on who to pay and to then communicate to all people making a claim.

## The primary purpose of a superannuation death benefit

To provide for those dependants who would have continued to rely on the member for financial support, had the member not died. It is not intended to right past wrongs.

### Member's wishes

We check to see what instructions (if any) the late member provided us about how they wanted their super to be paid in the event of their death. This includes:

- A binding nomination (valid at date of death)
- Any other nomination
- If no directions were provided

## If there is no valid binding nomination at the date of death

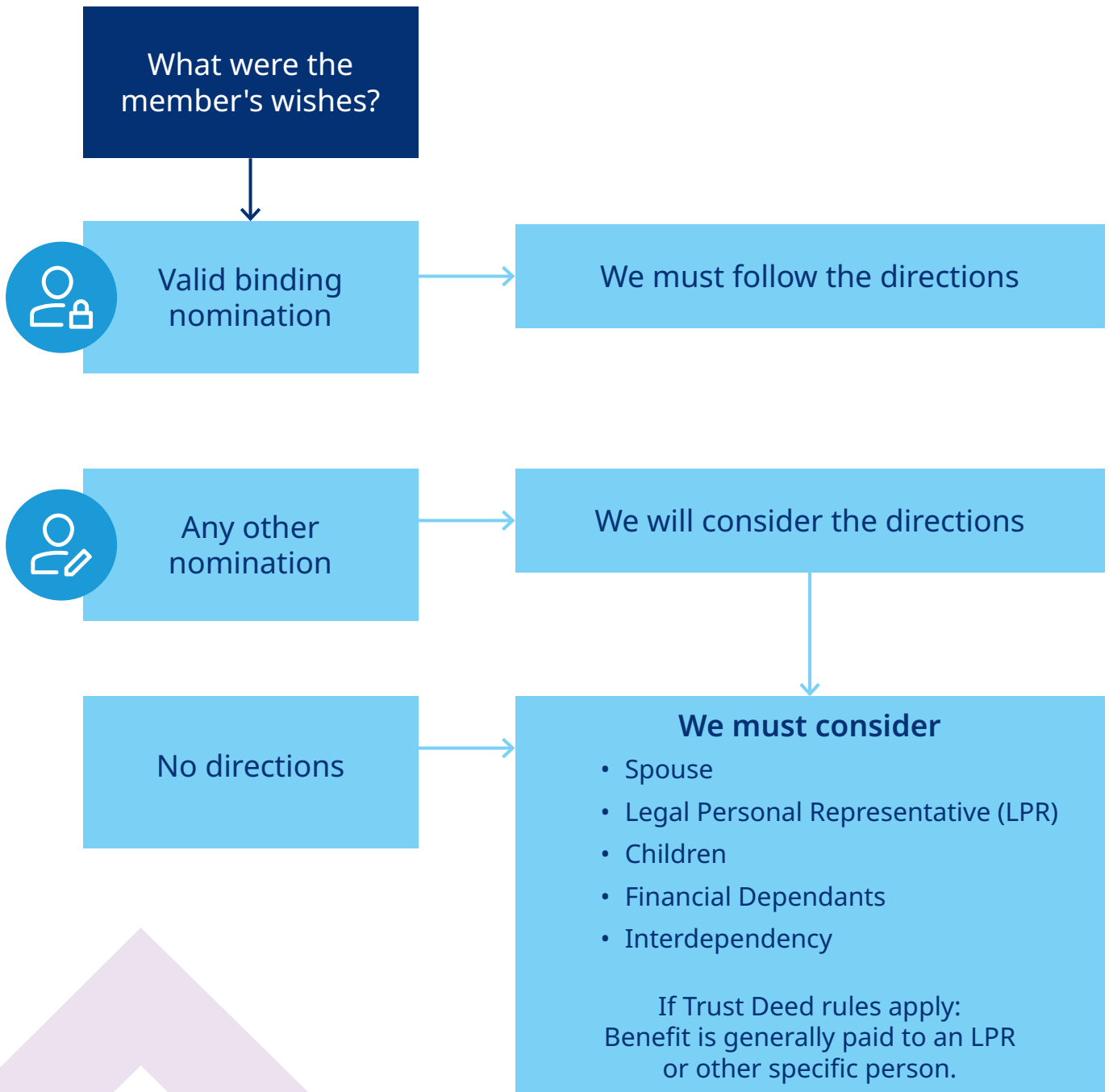
We will decide who to pay by considering (among other things):

- The member's written wishes (this can include any beneficiary nominations and their will), if provided to us
- The submissions of all claimants, including **dependants** and people claiming financial dependency and **interdependency** on the member, as provided in Step 3
- The degree of regular financial support for everyday living expenses the member was providing to each claimant at or around the date of death
- The extent to which each claimant expected to receive continued financial support from the member had they not died. This includes whether any claimant had an ongoing expectation to receive financial support from the member
- The rules of our **Trust Deed**
- Superannuation law about how death benefits are to be paid.

### Important information

- Please refer to the **FAQs** for more information.
- We will notify you of our initial decision about who to pay, this includes information about next steps if you're not satisfied with the outcome.

## How we determine who to pay



# Step 8 Finalise payments

## This step should take five business days.

Each person receiving a share of the benefit will receive a letter outlining the final documents required. This includes:

- Payment of a Death Benefit form
- Original certified copy of their ID\*
- A bank statement that matches the name on the Payment of a Death Benefit form (if paid to a bank account).

If payments are to overseas accounts, there are additional requirements which are outlined in the letter.

Once we have the payment details and we have validated the ID,\* the payment can be made.

### Important information

\* There are alternative methods to confirm your identity and relationship to the late member. Your Case Manager will be able to help you with other options to identify yourself.

For more information about certified identification, including how to get your documents certified, please read the Completing proof of identity factsheet at [mercERSuper.com.au/identitychecklist](https://mercERSuper.com.au/identitychecklist)

Refer to the **FAQs** for more information.



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