St Andrew's AUSTRALIA

YOUR ACCIDENT & SICKNESS CLAIM

Frequently Asked Questions

We are sorry to hear you have been unwell. We hope that you find your claims experience a smooth and efficient process. Within this helpsheet you will find information that will assist you through every stage of your claim.

How to contact us

By post: Claims Team, PO Box 7395, Cloisters Square, WA 6850
By phone: Claims Team 1300 653 751*
By fax: 1300 552 695
By email: claims@standrews.com.au
Our claim assessors are here to help you Monday to Friday from 7am to 5pm (WST).

*Telephone calls may be monitored to assist with training and for quality control purposes

After lodging the claim when will I receive a response?

We assess all new claims within 3 working days of receipt. You will be informed of the next steps within this time frame. We will assess any information received after our initial assessment within 3-5 workings days.

When will I be considered unfit for work?

For the purpose of your policy, you first become Disabled on the day you first consult or receive treatment from a Qualified Medical Practitioner and are certified by that person to be unfit for work.

How long do I have to be unfit for work before payments are made?

There is a 30 day waiting period in which no benefits are payable. The 30 day waiting period commences from the date you were first certified unfit for work. In addition you must be disabled (unfit for work) for the full 30 day waiting period. Benefits start to accrue from the 31st day and are payable monthly in arrears.

Where are the payments sent?

Your policy provides cover for repayments on your Agreement whilst you are unfit for work where an insured event occurs. Payments are generally therefore sent to your financier to credit your linked mortgage, loan or credit card as appropriate. If you have kept up your repayments and you would like a refund of any duplicated payments, please discuss this with your financier.

After the first payment, what happens for the following months?

If you remain unfit for work, continuing payments are made by providing us with a continuation form completed by you and your GP. We will send you these forms when a payment is made. Once the forms are received, assessment of your ongoing entitlement will be made within 3 days. Please note that assessment of the claim may mean that further information is required before a payment can be approved.

How frequently will my claim be paid?

The payments we make are based on the period of certification confirmed to us by your GP on each of your continuation forms and your declaration that you did not return to work during this period.

What is the maximum period I can claim for?

Most policies we handle pay for a maximum of 36 monthly benefits. Please check your relevant Product Disclosure Statement or call our Claims Team to check the maximum payable on your policy.

What happens if my circumstances change?

Please keep us informed of any changes to your circumstances. This includes change of address, going away on holiday and your return to employment.

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This is a brief summary/reference guide only. Please refer to the Product Disclosure Statement for further information about this product or the claims process.

Accident & Sickness Claims Process