



Accident and Illness Benefits Program



**For building and construction workers
in South Australia**

UPDATED 25 SEPTEMBER 2025





Incolink was established in 1988 as the industry redundancy scheme to support workers between jobs.

As well as managing funds for workers, Incolink supports the Industry with a range of benefits and services.

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The Incolink Accident & Illness Benefits program brochure is only intended to provide a general overview of the benefits available under the various insurance policies governing the Accident and Illness Benefits program. It does not contain all the information that may be relevant to the matters included in it. The information is provided as a matter of interest only – **this information is not an insurance policy.**

Conditions apply to the benefits that may be available under those insurance policies. These conditions are not fully set out in this brochure. You should:

- not act in reliance on the information contained in this brochure;
- check the accuracy, reliability and completeness of any information; and if necessary
- obtain independent and specific advice before acting.

This brochure has been produced to assist you in understanding the benefits that may apply under the various insurance covers administered by Incolink and the circumstances under which these benefits may be claimed.



PLEASE NOTE:

Incolink is only the administrator of the Building and Construction Industry Accident and Illness Benefits program. The Insurance Policy is arranged by Windsor Management Insurance Brokers ACN 083 775 795 AFS Licence Number 230747 and distributed by Incolink. Incolink does not manage or process claims. Incolink is not a holder of an Australian Financial Services Licence and does not give any advice in relation to those insurance policies.

The Personal Accident & Illness Leisure Time policies (being Personal Accident Leisure Time and Leisure Time Illness) are underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence number 239545.

All claims under these policies are managed by Total Claims Solutions, who have been appointed as Claims Manager on behalf of QBE Insurance (Australia) Limited. Total Claims Solutions Pty Ltd ACN 131 362 671 is an Authorised Representative No. 001294613 of Windsor Management Insurance Brokers Pty Ltd ACN 083 775 795 AFSL No. 230747.

The Discretionary Covers (Ambulance, Dental and Funeral) are provided via Incolink's Discretionary Fund and are governed by the Discretionary Guidelines. Discretionary Ambulance, Dental and Funeral Cover claims are managed by Total Claims Solutions.

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Please note: The details contained herein only apply to workers whose employer is paying into the Incolink Redundancy and insurance program. If you are not certain about your cover you should urgently check with your employer as they may be paying into another insurance program, which means that you may not be covered under our Accident and Illness Benefits Program.

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Incolink is the trading name of the Redundancy Payment Central Fund Ltd, a Company Incorporated in Victoria. The Company acts as the Trustee of the various Trusts, which governing Trust Deeds are applicable to employers and their workers within the commercial building and construction sector.

What cover applies to me?

If your employer is paying and is up to date with Incolink redundancy contributions and insurance premiums:

Personal Accident Leisure Time Insurance

- Leisure Time Injury – Weekly Benefits
- Capital Benefits (death only)
- Journey Cover – Weekly Benefits

Discretionary Cover

- Emergency Transport
- Dental, accident only
- Funeral

Leisure Time Illness Insurance

- Leisure Time Illness – Weekly Benefits

FAQ

**Please refer to the
Frequently Asked
Questions (FAQ's)
on page 22.**



Personal Accident Leisure Time Insurance

A. Important definitions/information

B. Leisure Time Injury – Weekly Benefits

C. Capital Benefits (death only)

D. Journey Cover – Weekly Benefits

When is cover in place?

Cover is only available for those workers where the employer continues to pay the redundancy contributions and insurance premiums. You can check that your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or incolink.org.au or by calling Incolink on **(03) 9639 3000**.

If a period exists where no redundancy contribution or insurance payments have been paid on your behalf whilst employed, then no cover will apply for such period. Gaps in redundancy contribution and premium payments will mean no cover.

Where back payments have been made, after an injury and a claim is submitted, the claim will not be considered. Redundancy contribution and insurance payments, must be current at the time of injury.

A. Important definitions/information

Worker

Means a worker who is currently obtaining a salary and actively working for a registered Incolink employer member whose redundancy contribution and insurance premium payments are current at the time of injury.

What is not covered?

Certain events or circumstances resulting in a claim are not covered. These circumstances include but are not limited to:

1. Pregnancy, childbirth or miscarriage or any complication arising from any of those conditions.
2. War (whether declared or not) or other hostilities, including but not limited to acts of foreign enemies, civil war or rebellion.

3. Any act of terrorism, which involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion.
4. Radioactivity or any nuclear material or action of nuclear fission or fusion.
5. Intentional self injury or suicide or any attempt at suicide.
6. Flying or other aerial activity unless a passenger in a properly licensed aircraft.
7. A worker's criminal or illegal act.
8. Training for or playing in any professional or non-professional sport, or activity organised by any sporting organisation, authority, club or centre.
9. A worker's use of alcohol or drugs unless the drugs have been prescribed by a registered medical practitioner and used as per the registered medical practitioner's instructions.
10. Any medical condition for which the worker has required medication, or any treatment or advice from a doctor, chiropractor or physiotherapist on the six (6) months before:
 - the commencement of the worker's cover, or
 - the resumption of the worker's cover following a period of at least six (6) consecutive months for which no redundancy pay contribution has been paid.
11. The policy does not provide benefits or entitlements to benefits to a worker for any period when they are outside of Australia or while they are serving a prison sentence or remanded in custody.

When does cover cease?

- Upon your 70th birthday.
- If your redundancy contributions or insurance payments are not current at the time of your injury.
- If you commence work for an employer who is not registered with Incolink.

We may also be entitled to refuse to pay or to reduce the amount of a claim if:

- It is in any way fraudulent.
- Fraudulent means or devices are used by you, or anyone acting on your behalf, to obtain any benefits under this policy.



**Please refer to the
Frequently Asked
Questions (FAQ's)
on page 22.**

B. Leisure Time Injury – Weekly Benefits

Provides cover to workers only, for accidents, where a worker suffers an injury in their leisure time, which prevents a worker from working. The injury must:

- occur during the period of insurance, and
- occur outside working hours and when the worker is not engaged in any work whatsoever for remuneration, and
- not occur during a journey* to and from work, and
- not give rise to any entitlement to compensation under any statutory workers compensation scheme or statutory transport accident scheme.

*Journey cover is provided in Section D

Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of:

- 104 weeks for an injury that occurs to a worker up to age 59, or
- 52 weeks for an injury that occurs to a worker aged 60 to 69 of age.
- 26 weeks for disablement caused directly or indirectly by mental illness or disorders (including but not limited to anxiety disorders, nervous disorders, depression, stress, fatigue, exhaustion, psychiatric complications of physical disorders, behavioural disorders) or chronic fatigue syndrome.

The same injury cannot be claimed twice if you have been paid the maximum benefit period.

When will payments be made?

Once a claim has been accepted payments commence from the 15th day onwards (22nd day for Mental Health claims) from the date a worker first seeks medical advice/treatment from a registered medical practitioner and has been disabled and continues to be disabled as a result of the injury.

Weekly Benefits payable

The maximum weekly benefits payable is 85% of your pre disability earnings to a maximum of \$1,200 (gross) per week.

C. Capital Benefits

Provides cover to workers only where a worker suffers an injury outside working hours resulting in the following payable condition, which must occur within 12 months from the date of injury.

Payable Condition	Benefit
An injury resulting in Death	\$5,000

D. Journey Cover – Weekly Benefits

The weekly benefit under this cover is only available where a worker suffers an injury whilst in direct travel to and from work, which prevents a worker from working. The injury must:

- occur during the period of insurance, and
- occur outside working hours and when the worker is not engaged in any work whatsoever for remuneration, and
- occur during a journey directly to and from work, and
- not give rise to any entitlement to compensation under any statutory workers compensation scheme and or statutory transport accident scheme.

Any accidents involving registered vehicles, trams, buses, trains must be lodged with the appropriate statutory transport accident scheme.

If you are successful in receiving entitlements via a transport accident scheme, we will recover amounts paid to you in relation to your injury.

Weekly benefits are determined at 85% of a worker's pre- disability earnings, being the basic weekly rate of pay exclusive of all superannuation, site allowances, overtime, bonuses or commissions at the time of injury to a maximum of \$1,200 (gross) per week.

Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of:

- 104 weeks for an injury that occurs to a worker up to age 59, or
- 52 weeks for an injury that occurs to a worker aged 60 to 69 of age.

When do payments commence?

Once a claim has been accepted payments commence from the day a worker first seeks medical advice/ treatment from a registered medical practitioner and is deemed unfit to work as a result of the injury.

Any disablement must occur within 12 months from the date of injury.

Discretionary Cover – Ambulance & Dental

A. Important definitions/information

B. Emergency transport

C. Dental, accident only

When is cover in place?

Cover is only available for those workers where the employer continues to pay the redundancy contributions. You can check that your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or incolink.org.au or by calling Incolink on **(03) 9639 3000**.

If a period exists where no redundancy contribution payments have been paid on your behalf whilst employed, then no cover will apply for such period. Gaps in redundancy contribution payments will mean no cover.

Where back payments have been made, after an injury and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the time of incident.

A. Important definitions/information

Worker

Means a worker who is currently obtaining a salary and actively working for a registered Incolink employer member whose redundancy contribution payments are current at the time of the incident.

Dependents

Means the worker's spouse or partner with whom the worker has cohabitated for not less than three (3) consecutive months, and includes the unmarried financially dependent children of the worker up to 16 years of age, or up to 25 years of age if a full time student.

Claim period

The period of cover is, 1 January to 31 December each year. Any claim received will only be considered for payment if the claim is submitted within eight (8) months after the anniversary of the period of cover – that is before 1 September the following year.

When am I not covered?

- If a period exists where no redundancy contribution payments have been paid on your behalf whilst employed, then no cover will apply for such period.
- Gaps in redundancy contribution payments will mean no cover.
- Where back payments have been made and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the time of the incident.
- Where your employer has not paid your redundancy contributions at the time of your ambulance use and/or dental accident.

When does cover cease?

- If your redundancy contributions are not current at the time of the incident.
- If you commence work for an employer who is not registered with Incolink.

B. Emergency transport

Provides cover to the worker and their dependants, for ambulance usage anywhere in Australia. There are set guidelines for claiming under this section. The following is a summary of those guidelines.

Maximum amount paid

There is a maximum amount paid on any one ambulance trip. The maximum amount payable for road transport will be subject to a maximum of \$12,000 and for air travel will be subject to a maximum amount of \$15,000.

Work accidents must be lodged through WorkCover and accidents involving a registered vehicle must be lodged with the appropriate statutory transport accident scheme. No cover is provided where statutory insurance provides compensation.

What is not covered?

Cover is not available where a worker subscribes to an Ambulance service or is provided with Ambulance cover under their private health provider. That is, if you have ambulance insurance with another provider you are not covered.

No claims will be accepted:

1. If the ambulance usage is the result of an illegal act.
2. If you are a health care card holder, where free ambulance cover is available.
3. If an injury or illness for which statutory insurance provides compensation.
4. For payments made in respect of an event occurring outside Australia or where a member does not remain within the territory of Australia.
5. For transport between two public hospitals.
6. For transport from a public hospital to an external diagnostic facility.
7. For transport to and from a public hospital appointment.

C. Dental, accident only

There are set guidelines for claiming under this section. The following is a summary of those guidelines. Provides cover to the worker and their dependants for accidental damage to sound and healthy teeth, occurring outside working hours.

The maximum amount payable for any one accident is:

- Worker without dependants: \$2,000.
Maximum two (2) claims per year.
- Worker with dependants: \$2,250.
Maximum four (4) claims per year.

Damage to dentures, bridges and plates

Damage to dentures, bridges and plates will be covered up to 10 years old. Anything above 10 years will incur a depreciation table. Dentures, bridges and plates above 15 years old are not covered. Proof of purchase and age will need to be supplied. Where there is no proof of purchase, the damaged dentures, bridges and plates will need to be provided and reviewed by our appointed independent dentist.

What is not covered?

1. Any damage related to childbirth or pregnancy or their complications.
2. War whether declared or not, invasion or civil war, rebellion or insurrection.
3. Intentional self injury or suicide or any attempt at suicide.
4. Flying or other aerial activity unless as a passenger in a properly licensed aircraft.
5. Any damage occurring as a result of an illegal act.

6. Training for or playing in competitive club sport or activity organised by any sporting organisation, authority or club.
7. Any damage resulting from disease or sickness.
8. Any damage that is not caused by an accident.
9. Damage to filling/s only (there must be actual damage to the tooth).
10. The use of intoxicating liquor or drugs, unless they have been prescribed by a registered medical practitioner and used as per medical instructions.
11. Any damage which has been contributed to by decay.
12. Milk teeth or first teeth.
13. Extractions to wisdom teeth.
14. Any dental work which is upgrading the tooth from the condition it was in prior to the accident.
15. Any work or motor accident for which statutory insurance or compensation scheme provides compensation.
16. Dentures, bridges or plates more than 15 years old.
17. Lost dentures, bridges or plates.
18. Any claim received will only be considered for payment if the claim is submitted to our office within 8 months of the expiry of the period of cover, as detailed above.
19. Any damage or loss which occurs whilst in prison.
20. Any dental work that is covered under your travel insurance policy.
21. Failed Treatment. This is not covered. Treatment proposed to correct failed treatment will be at the member's own expense.

Claim period

The period of cover is, 1 January to 31 December each year. Any claim received will only be considered for payment if the claim is submitted within eight (8) months after the anniversary of the period of cover – that is before 1 September the following year.

Conditions

Where a worker has private health insurance which includes dental, all accounts must be submitted with the private health insurer first and we will only consider the gap if the claim is approved.

A black speech bubble with the letters 'FAQ' in white, with a blue tail pointing towards the bottom right.

**Please refer to the
Frequently Asked
Questions (FAQ's)
on page 22.**

Discretionary Cover - Funeral

A. Important definitions/information

B. Benefit

When is cover provided?

Cover is only available for those workers where the employer continues to pay the redundancy contributions. You can check that your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or [incolink.org.au](https://www.incolink.org.au) or by calling Incolink on **(03) 9639 3000**.

If a period exists where no redundancy contribution payments have been paid on your behalf whilst employed, then no cover will apply for such period. Gaps in redundancy contribution payments will mean no cover.

Where back payments have been made after the death, and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the time of death.

A. Important definitions/information

Incolink maintains a Funeral Discretionary Fund which provides funeral cover for worker members of Incolink in accordance with the Incolink Funeral Guidelines.

Worker

Means a worker who is currently obtaining a salary and actively working for a registered Incolink employer member whose redundancy contributions payments are current at the date of death.

When does cover cease?

At the Incolink Board's absolute discretion, no cover is available where without limitation:

- The member turns 70. That is, on their 70th birthday.
- While employed, the Member's redundancy contributions are not current at the time of death. That is, gaps in redundancy contribution payments will mean no cover.

- Where back payments have been made after the date of death and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the date of death.
- The member commences any form of employment outside the commercial building and construction industry and/or with a company this is not registered with Incolink.
- A claim is made more than 12 months after the date of death.

B. Benefit

Provides a benefit of \$10,000 (on or after 25 September 2025), payable to the estate/beneficiary or funeral parlour, when a worker or unemployed worker dies. Cover also extends to the worker's spouse, de facto partner, and unmarried financially dependent child.

Cover is provided 24 hours a day, 7 days a week.

What needs to be provided when submitting a claim for Funeral Cover?

When submitting a claim form, a full certified death certificate stating the cause of death must be supplied along with proof of funeral costs paid, Probate or Letters of Administration may be required. Please contact Total Claims Solutions to find out more information about the process and the relevant supporting documentation required. Please visit Total Claims Solutions' website for the appropriate claim forms to complete.

Discretionary Funeral Cover claims are managed by Total Claims Solutions, who will assess claims promptly once all relevant paperwork is received and notify you of the decision. To assist Total Claims Solutions in assessing your claim quickly and to avoid unnecessary delays, it is important that you fully complete the relevant claim form and provide all the required supporting documentation.

All claims must be submitted within twelve (12) months from the date of death or the claim may not be accepted.

Please contact Total Claims Solutions for further assistance on **(03) 9320 8588** or claimsVIC@totalclaims.com.au.

Please note, this is not an exhaustive guide. Contact Total Claims Solution for more information on who is covered and when, including how to and who can make a claim; and what you need to provide. A copy of the Incolink Discretionary Funeral Guidelines are available upon request.

Leisure Time Illness

A. Important definitions/information

B. Leisure Time Illness – Weekly Benefits

Cover is only available for those workers where the employer has agreed and continues to pay the insurance premiums. You can check that your payments are up to date and that your employer is paying your weekly premium by logging into WorkerLink via the Incolink smartphone app, or [incolink.org.au](https://www.incolink.org.au) or by calling Incolink on **(03) 9639 3000**.

If a period exists where no premium payments have been paid on your behalf, then no cover will apply for such period. Gaps in premium payments will mean no cover.

Premium payments must be current at the time of illness. If a period exists where no premium payments have been paid on behalf of a worker then no cover will apply for such period. No backdating of premium payments will be accepted.

A. Important definitions/information

Worker

Means a worker who is currently obtaining a salary and actively working for a registered Incolink employer member and whose insurance premiums payable are current at the time of illness.

When does cover cease?

- Upon a worker's 70th birthday.
- If your insurance premiums are not current at the time of your illness.
- You commence working for an employer who is not registered with Incolink.
- You are unemployed at the time of your illness.

What is not covered?

Certain events or circumstances resulting in a claim are not covered. These circumstances include but are not limited to:

1. Pregnancy, childbirth, or miscarriage or any complication arising from any of those conditions.
2. War (whether declared or not) or other hostilities, including but not limited to acts of foreign enemies, civil war or rebellion.
3. Any act of terrorism which involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion.
4. Radioactivity or any nuclear material or action of nuclear fission or fusion.
5. Intentional self injury or suicide or any attempt at suicide.
6. Flying or other aerial activity unless a passenger in a properly licensed aircraft.
7. A worker's criminal or illegal act.
8. Training for or playing in any professional or non-professional sport, or activity organised by any sporting organisation, authority, club or centre.
9. A worker's use of alcohol or drugs unless the drugs have been prescribed by a registered medical practitioner and used as per the registered medical practitioner's instructions.
10. A period of disablement resulting from any sickness, disease or medical condition for which the worker has required medication, or any treatment or advice from a doctor, chiropractor, physiotherapist, psychologist or psychiatrist in the six (6) months before:
 - the commencement of the worker's cover, or
 - the resumption of the worker's cover following a period of a least six (6) consecutive months for which no insurance premium contributions have been paid.
11. The Policy does not provide benefits or entitlements to benefits to a worker for any period when they are outside of Australia or while they are serving a prison sentence or remanded in custody.

We may also be entitled to refuse to pay or to reduce the amount of a claim if:

- It is in any way fraudulent.
- Fraudulent means or devices are used by you, or anyone acting on your behalf to obtain any benefits under this Policy.

B. Leisure Time Illness – Weekly Benefits

Provides cover to workers only, where a worker suffers an illness in their leisure time which prevents a worker from working. The illness:

- must occur and treatment is sought from a registered medical practitioner and disablement commences during the period of insurance, and
- is not an injury, and
- does not give rise to any entitlement to compensation under any statutory workers compensation scheme or statutory transport accident scheme.

When do payments commence?

Once the claim has been accepted, payments commence from the 15th day onwards (22nd day for Mental Health claims) from the date a worker first seeks medical advice/treatment from a registered medical practitioner and is disabled which has not been separated by a return to work.

It is a requirement under this Policy that the worker first exhausts all available sick leave from their current employer.

PLEASE NOTE: If your sick leave entitlements exceed the standard excess period of 14 days, or 21 days for Mental Health claims, weekly benefits will not commence until your sick leave entitlement have been exhausted.

Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of:

- 104 weeks for an illness that occurs to a worker up to age 59, or
- 52 weeks for an illness that occurs to a worker up to age 64, or
- 26 weeks for an illness that occurs to a worker aged over 65 to 69 years, or
- 26 weeks for disablement caused directly or indirectly by mental illness or disorders (including but not limited to anxiety disorders, nervous disorders, depression, stress, fatigue, exhaustion, psychiatric complications of physical disorders, behavioural disorders) or chronic fatigue syndrome.

The same illness cannot be claimed twice if you have been paid the maximum benefit period.

Weekly Benefits payable

The maximum weekly benefits payable is 85% of pre disability earnings to a maximum of \$1,200 (gross) per week.

Any disablement must occur within 12 months from the date of illness.

FAQ

Please refer to the Frequently Asked Questions (FAQ's) on page 22.

Incolink Work Injury Management Service (Incolink WIMS)

A. Important Information

Incolink WIMS is a specialised construction workers' compensation injury management service.

This service is only available, at no additional cost, to some employers and their injured workers.

To be eligible, an employer must be registered with:

1. Redundancy Payment Approved Worker Entitlement Fund 2 and pays contributions into the fund; and
2. IPT Agency Co Ltd and pays contributions into the company on behalf of their employee under an Industrial Instrument or such other arrangement and at the prevailing contribution rate.

Incolink WIMS is a joint venture between Incolink and Total Claims Solutions.

Incolink WIMS

Incolink WIMS is provided by Total Claims Solutions who offer fully trained and highly experienced Injury Management Coordinators to support the injured worker and employer through the entire Workers' Compensation process.

They have a firm understanding of Workers' Compensation and Rehabilitation & Return-To-Work matters, as well as specific skills to assist both employees and employers when a work injury occurs.

The Role of Injury Management Coordinators

The role of your injury management and return-to-work coordinator is to:

- Act on behalf of the employer to support the injured worker.
- Offer immediate assistance to both the employer and worker from experienced staff.
- Coordinate the Rehabilitation & Return-To-Work process including claim lodgement and suitable duties plans.
- Provide a liaison to ensure all WorkCover requirements are managed effectively.
- Offer support and advice to both employer and worker on all aspects of workers compensation.

- Review the employer's current Work Injury Management process.
- Deliver the best outcome for both employer and worker by taking an independent position.
- Keep everyone well informed and involved in the claims process.
- Deliver a consistent, reliable and experienced approach to managing workplace injuries as well as supporting the injured worker back to work.

The Benefits

Total Claims Solutions' hands-on approach delivers immediate results for both the injured worker and employer.

The benefits include:

- Immediate access to experienced Injury Management Coordinators to minimise the longer term impact of injuries.
- A smooth-flowing claims process.
- A tailored Rehabilitation & Return-to-Work program.
- Clear and open communication between all parties.
- Reduced time away from work for the worker.
- Focus on best practice claims management to reduce the impact on WorkCover premiums.
- Positive workplace culture and working relationships.

If you need assistance with a workplace injury, please contact Incolink WIMS:

Phone: **1800 238 026**

Email: **WIMS@totalclaims.com.au**

Steps to lodging a claim

Incolink worker members may be eligible to lodge an insurance claim under Incolink's Accident and Illness Benefits program.*

Step 1 – Request a claim form

If you believe you may have suffered an injury or illness that may result in an insurance claim, contact Incolink (03) 9639 3000 or Total Claims Solutions (03) 9663 2411.

Alternatively, to download the appropriate insurance claim form visit:

Incolink

incolink.org.au

Total Claims Solutions

totalclaims.com.au

Step 2 – Filling in the Incolink Insurance claim form

Complete all sections of the claim form in FULL.

To support your claim, please include copies of medical report/s, discharge summary, patient notes, radiologist's reports and any other relevant information. Proof of dependency will also need to be submitted if requested on the claim form to determine your weekly benefits.

Step 3 – Lodging your claim

Once completed, send the claim form to:

Total Claims Solutions

Level 1, 151 Rathdowne Street

CARLTON VIC 3053

Ensure you double-check that ALL sections of the claim form have been completed correctly before sending. Incomplete claim forms will delay the assessment of the claim.

Step 4 – Receiving the claim

Your claim will be assigned to a Total Claims Solutions case manager who will contact you to discuss your claim.

PLEASE NOTE: Cover is only available for those workers where the employer continues to pay the relevant premium and/or contributions. If a period exists where no premium and/or contribution has been paid on a worker's behalf while employed, then no cover will apply for that period. This also applies where there are gaps in the premiums or contribution payments.



Dedicated claims team looking after Incolink members

Frequently Asked Questions

Q Who will assess my claim?

A Total Claims Solutions is the appointed claims manager for both the insurance company and Incolink and is responsible for assessing all claims.

Q Where do I get a claim form?

A Contact Total Claims Solutions on (03) 9663 2411 for a claim form to be sent or download the claim forms from the following websites:

Incolink

incolink.org.au

Total Claims Solutions

totalclaims.com.au

Q Do I need to get all sections of the claim form completed?

A Yes, a claim form cannot be considered until we receive the form completed in FULL. Incomplete answers and vague information will delay the assessment of your claim.

Q What other information do I need to submit with my claim?

A A checklist is provided on the front page of the claim form listing the documentation required to support your claim.

This includes copies of any medical reports and/or discharge summary; patient notes; radiologists' reports that you may have been given, anything which might assist with the assessment of your claim. Plus, proof of dependency will need to be submitted if requested on the claim form to determine your weekly benefits.

Q How long does it take for a claim to be considered?

A The initial assessment of your claim may take between seven and eight weeks, depending on the information required and the time taken to receive requested reports. Delays will also occur where the forms have not been completed in full.

Q Can I email through my claim form?

A Yes. However, it is important the original claim form is also sent prior to considering a claim.

Q Is there a waiting period?

A Yes, if you are claiming weekly benefits. The first 14 consecutive days of disablement after the date which you first sought treatment. In relation to Mental Health claims, the waiting period is 21 days.

Q Do I have to wait 14 days before having to send my claim form in?

A No. If it appears that you are going to be off work for more than 14 days, you should complete a claim form and send it to Total Claims Solutions immediately.

Q Once my claim assessment is completed and my claim is approved, how long until benefits are paid?

A Payment can be made the same day the claim has been approved providing Total Claims Solutions have a Medical Certificate on file for the applicable periods.

Payments are made by cheque or EFT. If payments are made by EFT, funds will appear within 48 hours. If payments are made via cheque, the cheque will be posted within five (5) working days.

Q How are my payments made?

A Payments are made fortnightly in arrears whilst we have a current medical certificate. Payments can be either made by cheque or Electronic Funds Transfer (EFT).

Q Will my superannuation be paid whilst on claim?

A No. Weekly benefits is exclusive of superannuation payments.

Q What is the maximum benefit period I can claim?**A LEISURE TIME ACCIDENT/JOURNEY & LEISURE TIME ILLNESS****LEISURE TIME ACCIDENT:**

- 104 weeks to age 59
- 52 weeks to age 60-69

JOURNEY:

- 104 weeks to age 59
- 52 weeks to age 60-69

ILLNESS:

- 104 weeks age 59
- 52 weeks age 60-64
- 26 weeks age 65-69

MENTAL HEALTH RELATED CLAIMS:

- 26 weeks

Q Is tax taken out of my weekly payments from the claim?

A Yes. QBE will withhold tax from weekly payments as requested by the ATO. At the end of the financial year, you will receive a Payment Summary which will show all payments and tax withheld for the year. If you need help with this, please contact your accountant, financial advisor or the ATO on 13 28 61.

Q What are my obligations when I have made a claim?

A You must follow medical advice and treatments from your treating medical practitioner at all times after sustaining your injury/illness; and at our expense, undergo any medical examination by a doctor appointed by Total Claims Solutions, if required. Failure to comply may result in your claim payments ceasing.

Q What should I do to ensure I have ongoing cover?

A You can check your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or incolink.org.au or by calling Incolink on **(03) 9639 3000**. By contacting Incolink of any change in your personal circumstances you can keep up to date with changes in your cover.

Q What is the Internal Dispute Resolution process?

A If you have any concerns about your claim please put your reasons for dispute in writing and we will review your file. All disputes will be reviewed internally by Total Claims Solutions. If you disagree with the decision, you can request the matter be reviewed by contacting QBE's Customer Care team on 1300 650 503 or email complaints@qbe.com, they will assist you.

If you are unable to resolve your dispute you can contact the Australian Financial Complaints Authority (AFCA) on 1800 931 678 between 9am - 5pm AEST/AEDT weekdays or email info@afca.org.au.

All matters relating to Discretionary Covers - Ambulance and Dental, will be referred to Windsor Management Insurance Brokers' Responsible Manager. Discretionary Cover - Funeral, will be referred to Incolink.

Q Who can I talk to if I need help in filling out the claim form?

A Ask to speak to one of the case managers at Total Claims Solutions:

Phone: **(03) 9663 2411**

Email: **claimsVIC@totalclaims.com.au**

Q How do I find out more about my Incolink membership?

A Find out more about your Incolink membership by contacting Incolink:

Phone: **(03) 9639 3000**

Email: **support@incolink.org.au**



1 Pelham Street, Carlton VIC 3053

Phone: **(03) 9639 3000**

Email: **support@incolink.org.au**

**For all enquiries about the information
supplied in this brochure or to request
a claim form, please call:**

Windsor Management Insurance Brokers

Level 1, 151 Rathdowne Street, Carlton, VIC 3053

Phone: **(03) 9663 2411**

Facsimile: **(03) 9663 4288**

Website: **wmib.com.au**

Total Claims Solutions

Phone: **(03) 9663 2411**

Facsimile: **(03) 9663 4020**

Website: **totalclaims.com.au**