| BEFORE THE CODE | WITH THE CODE |
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| After a recent injury, I called my insurer to ask about making an income protection claim as I wasn't able to work. The person I spoke with sent me out a set of claim forms to fill out. | After a recent injury, I called my insurer to discuss making a claim. The person I spoke with explained the features of the insurance I held including the benefits I may be able to claim on and encouraged me to lodge an income protection claim given the nature of my condition. |
| After submitting my forms I waited for the insurer to come back to me. Unfortunately, when they did they explained they did not have all the financial information they needed and I would need to contact my accountant for the remainder. They also explained I had a waiting period, and it would be another month before I received any money, which I hadn't planned for. | I was contacted by my insurer, who explained the claims process, why certain information was being requested and that I had a waiting period that applied before a payment would be made. There was a delay getting information from my accountant and the insurer contacted her themselves to collect the information they needed. |
| I spoke to numerous people during my follow up phone calls to my insurer, and as a result it was hard to get anyone who fully understood my circumstances. | I was assigned a primary contact person, and I felt she was well trained, and treated me with compassion and respect during a difficult time. I was kept informed of the progress of my claim every 20 business days |
| I received money from my insurer in my bank account, though it was less than I had expected. A letter then came in the mail some days later with additional medical forms I needed to have completed. While my family doctor was not across my recovery at that time, I arranged an appointment with him to have the forms completed, as my follow-up appointment with the surgeon was too far away. It never made sense to me why they kept requesting so many forms to be provided. | The insurer let me know their decision to accept my income protection claim within 10 business days of receiving all the information I had sent through, and my payments started.<br><br>My insurer monitored my condition by requesting statements or reports from my treating doctors at key points in my recovery, such as after my first follow-up appointment with the surgeon. They explained why they were requesting information at each point. |
| My insurer spoke to me about when I'd be ready to return to work. They suggested I contact my employer to discuss my options and come back to them.<br><br>When I spoke with my manager he explained he would allow me to return only when I had full clearance from my doctor. He said he wasn't sure how to support me working in a reduced capacity.<br><br>When I saw my family doctor with my monthly forms, I asked him when he thought I might be ready to get full clearance as my employer needed it for me to return. I said I felt nervous about returning at once and shared how I am generally feeling quite isolated and anxious. He noted this on my forms for the Insurer and gave a return-to-work date for a few weeks' time. | My recovery was clearly central to my insurer's concerns. They arranged for a health care provider to visit me and talk about my current circumstances. Before this visit, she clearly identified herself and I understood why she would be visiting me. She later spoke with my doctor and employer to plan my return to work, which was tailored specifically for me and my recovery. That my employer was informed and on board with my recovery and return to work together with the advice and guidance of my family doctor gave me peace of mind. |
| After submitting my forms again, my insurer contacted me to talk about my return to work. I said I was a bit unsure but my doctor said I may be right in a few weeks. The insurer indicated they could pay me a few weeks in advance up to that return to work date to finalise my claim. I was a bit unsure about this but needed the money, so I accepted.<br><br>The Insurer explained if my return to work was not successful I should contact them again. At that time they said an independent doctor would examine me. My claim was finalised. | At first I was working in a reduced capacity to help me ease back into it. When I was approaching full-time, I rang the insurer and we discussed a final payment. Before we agreed, they suggested I seek financial and legal advice.<br><br>Once we agreed on a final payment, my claim was finalised. They explained the health care provider would continue to check in with me over the next few weeks so that I wouldn't feel overwhelmed. They also explained that I would have a recurrent claim benefit if things didn't go to plan. |