

What Happens If Your TPD Claim Is Declined? Here's What to Do Next

You've submitted your Total and Permanent Disability (TPD) claim, gathered all the paperwork, waited patiently—and then the insurer says no. It's disheartening, stressful, and can feel like a dead end.

But at Financial Framework, we want to be very clear about one thing: a declined TPD claim is not the end of the road.

In fact, many of our successful outcomes started with a client being told “no” by their insurer—or worse, by someone who didn't understand their policy properly in the first place.

Why Do Claims Get Declined?

There are several common reasons a TPD claim may be declined:

- The insurer believes your disability doesn't meet the policy's definition (especially under “any occupation” clauses).
- They assess that you could still work in a different field suited to your background.
- The medical evidence submitted is insufficient or unclear.
- The required waiting period hasn't yet passed.
- There's a paperwork issue or incomplete claim documentation.

Often, it's not that the claim is invalid—it's that the presentation of your case didn't match what the insurer needs to see.

Step One: Don't Panic—Call a Specialist

The first thing you should do is get a copy of the decline letter from your insurer. It will outline their reasons for the decision. This is where our team steps in.

At Financial Framework, we review the decision in detail and:

- Identify where the claim may have fallen short
- Pinpoint gaps in medical, employment, or functional evidence
- Work with you to gather stronger supporting documentation
- Advise you on the appeals process—or resubmit a stronger claim if needed

We've helped clients get claims approved after being told ‘no’—sometimes more than once—by approaching the claim with the right structure, timing, and language.

You Have Options: Internal Review or Complaint

Depending on the situation, we may:

- Request a reassessment from the insurer with updated or additional evidence
- Lodge a formal complaint to the Australian Financial Complaints Authority (AFCA)
- Refer you to a legal partner if there are grounds for escalation

But we'll always try to resolve it through practical, professional advocacy first. Most insurers are open to reassessment when the claim is properly framed.

You Don't Have to Face It Alone

Having your claim denied can feel like you're being told your condition "isn't real" or that you're not believed. We understand how upsetting that is.

We're here to support you emotionally and technically, guiding you through every step—from reviewing the decision to building a stronger case and getting the outcome you deserve.

Let's Turn That 'No' Into a 'Yes'

If your claim has been declined, don't give up. Let our experienced Claims Manager review your case, explain your options clearly, and fight for the result you deserve.

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