

Group Risk Insurance Member's Statement Terminal Illness Benefit



All forms must be completed. The life insured is to complete the Initial Claim Form, the employer is to complete the Employer's Statement and two treating doctor's (specialist and general practitioner) are to complete the Attending Doctor's Statement. Incomplete claim forms may delay assessment of the claim. If there is insufficient space to adequately answer any question, please attach additional pages.

Please note, the insurer has not admitted any liability to pay the claim by issuing this claim form.

Policy name

Policy number

Member number



1 Claimant details

Mr Mrs Miss Ms Other – please specify

Surname

Given name(s)

Date of birth / /

Home phone number

Business phone number

Mobile number

Email address

Height

cm

Weight

kg

Occupation

Residential address

State

Postcode

Business address (if self-employed)

State

Postcode

Business phone number

2 Claim details

1. Advise the name of the sickness or injury which caused you to cease all work

.....

2. If a **sickness**, when did you first notice symptoms? Date / /

Description of onset of symptoms

.....

3. If you were **injured**, please provide details Date / /

How did the injury/accident occur?

.....

3 Other details

Have you ever made another claim for this sickness/injury?

No go to DECLARATION Yes If 'Yes', please provide information

Centrelink Dept of Veterans' Affairs Third Party Insurance Other Life Insurer Superannuation Fund
 Public Liability Transport Accident Other – please specify

Monthly gross benefit \$ Branch/Insurer

Date lodged / / Claim / ID / Reference number

Address Postcode

Contact number

If any part of this form is not complete it will be returned to you for completion.

Any changes or amendments to this form must be initialled by the signatory.

4 Authorities and Declarations

Medical authority

I hereby authorise any dentist, hospital, doctor or other person who has attended me, to release to Zurich Australia Limited ABN 92 000 010 095 AFSL 232510, or its representatives, all information with respect to any sickness or injury, medical history, consultations, prescriptions, or treatment and copies of all hospital or medical records. I agree that a photocopy (or similar copy) of this authorisation shall be as effective and valid as the original.

Name

Signature X	Date / /
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Information authority

I hereby authorise any insurer, accountant, employer, service providers, institution or police service to release to Zurich Australia Limited or its representatives, all information which Zurich Australia Limited requests for the purpose of assessing or investigating my claim. I agree that a photocopy (or similar copy) of this authorisation shall be as effective and valid as the original.

Name

Signature X	Date / /
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Privacy – Use and Disclosure of Personal Information

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know the following information.

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you in order to comply with our legal obligations, to assess your application for insurance cover, to administer the insurance cover provided, to enhance customer service or products and to manage claims ('purposes'). If you do not agree to provide us with the Information, we may not be able to process your application, administer your cover or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information which includes us disclosing your Information where relevant for the purposes, to the Policy Owner, your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners or as required by law within Australia or overseas. Zurich may obtain Information about you from government offices and third parties to assess a claim. We may use Personal Information (but not Sensitive Information) collected about you to notify you of other products and services we offer. If you do not want your Personal Information to be used in this way, please contact us.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at privacy.officer@zurich.com.au

Name

Signature X	Date / /
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Please send your completed form to:

Zurich Australia Limited
Group Risk Insurance
Locked Bag 994
North Sydney NSW 2059

or Email: grouprisk.claims@zurich.com.au

For more information, please contact Group Risk Claims:

Phone: 131 551

Fax: 02 9995 3732