

Term Life Cover (including Accidental Death Cover) Claim Form

- To help ensure you receive a prompt assessment, please complete all the required sections of this booklet. If you need assistance please call **1300 307 297**. Please note however, that a claim cannot be assessed until all original documents are received.
- Please note that the information required to be completed in this document is in relation to the Life Insured, unless otherwise stated.
- To ensure that the claim may be assessed fully, and to avoid any delays to this process, please ensure that all the relevant items in this document are fully addressed and answered. Responses such as “refer to doctor”, “see above”, etc., are not acceptable. Failure to address and answer all items in this document may result in the refusal or delay of benefit payments.
- If for any reason there is not enough room on this document to provide the details being requested please attach a separate piece of paper and provide the details on this, and also make reference to which item on this document you are addressing. Please ensure that you sign and date the piece of paper.

Filling in this form:

- Use a black or blue pen
- Mark boxes like this with ✓ or ✗

Distributed by

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trading as Real Insurance
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Issued by

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Privacy Collection Notice

Greenstone Financial Services Pty Ltd ("GFS", "we", "us" or "our") collects and handles personal information about you on behalf of Hannover Life Re of Australasia Ltd ("HLRA") in compliance with the Privacy Act 1988 (Cth). All information collected throughout the claims process by GFS or HLRA will be shared with both companies.

Collection and use

We collect personal information such as identification information and policy details and sensitive information such as health details. Generally, we collect this information so that we can provide our products and services to you and manage, administer, develop and improve our business, including to assess and process your application for insurance, and assess any claims made by you or on your behalf. We generally collect this information directly from you but may collect it from a third party such as our related bodies corporate, authorised administrators, professional advisers or from publicly available information. If you do not provide us with all or part of the personal information we require, we may be unable to provide such services to you.

Disclosure

The information you provide us will be collected by us and may be disclosed to third parties that help us deliver and improve our products and services (including other insurance/reinsurance companies, legal practitioners, Medical Practitioners, health service providers, hospitals, legal tribunals and courts, dispute resolution bodies, investigators/investigation organisations, third parties authorised by you, any current or former employer, our parent company and other related bodies corporate, professional advisers such as accountants or lawyers or other consultants, service providers that assist us in carrying out our business activities, trustees of superannuation funds, administrators of superannuation funds, an organisation appointed by the trustees of a superannuation fund to receive or give information, interpreters and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law) or as required by law.

Overseas disclosure

We or HLRA may disclose your personal information to parties located in other countries, including to our related bodies corporate. The countries in which these recipients may be located will vary from time to time, but may include Germany, Canada, Japan, New Zealand, Hong Kong, United Kingdom, United States of America, India, China, Korea, Malaysia, South Africa, Bermuda, Ireland, Sweden and France.

Access correction and complaints

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website or you can request a copy by contacting us.

HLRA's Privacy Policy is also available at hannover-re.com/1094181/australia_lh_privacy (or, by contacting HLRA using the details set out in this form or emailing privacyofficer@hlra.com.au). It outlines HLRA's personal information handling practices, including details on how you can seek access or correction of the personal information that HLRA hold about you, how to complain if you believe HLRA has breached the Australian privacy laws and HLRA's complaint handling processes.

If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy, please call **1300 367 325** Monday to Friday, 8am – 8pm (AEST).

Section A – Policy Information

Policyowner Policy number

Section B – Policyowner's Details

Title First name Surname
Residential address
Postal address
Phone (home) (work) (mobile)
Email

Section C – Life Insurance Claim

1. Life Insured's details

Name of Life Insured Date of death
Cause of death

2. Claimant's details

I am the: Nominated Beneficiary Policyowner Relative Executor Other

Title First name Surname

Residential Address

Postal Address

Phone (home) (work) (mobile)

Email

Relationship to Life Insured

SIGN HERE 

Policyowner/Claimant's signature Date

3. Authority to release information

I, , as Executor / Administrator / Guardian of

hereby authorise any physician, clinic, hospital, institution or Insurance Company to supply upon request to HLRA, on a confidential basis all details of any medical test, treatment or history that it may reasonably request.

A photocopy of this declaration shall be as valid an authority as the original.

NOTE: This authority is to be completed by the Executor / Administrator / Guardian and a copy of the relevant legal documents must be provided, (e.g. Will, Letter of Administration, Power of Attorney).

Doctor's Authority – Release of Life Insured's full record

Release a copy of the full record, including consultation notes, held by the Life Insured's Medical Practitioner/Practice.

I declare that I'm legally authorised to:

- submit this claim in relation to the Life Insured; and
- request a copy of the Life Insured's medical records.

I authorise any Medical Practitioner or hospital the Life Insured had attended to release a copy of their full record, including consultation notes, to Hannover Life Re of Australasia Ltd, or to third parties they engage, including asking any Medical Practitioner to provide a report regarding any treatment or advice given to the Life Insured.

I agree to all of the following:

- Hannover Life Re of Australasia Ltd can collect, use, store and disclose my (and the Life Insured's) personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles;
- This Authority is valid only while Hannover Life Re of Australasia Ltd is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover; and
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name of Life Insured Date of Birth of Life Insured

Claimant's Signature Date

SIGN HERE 

Executor / Administrator / Guardian's signature Date

4. Doctor's details

a. What is the name, address and telephone number of the Life Insured's usual doctor?

Name	Address	Telephone

b. For how long did the Life Insured attend this usual doctor?

Section D – Checklist

Certified copies of the relevant documentation related to this claim are attached as follows:

What is a certified copy?

This is a signed photocopy of an original document. The person signing it must see the original and the photocopy. It can be signed by a Justice of the Peace, accountant, solicitor, doctor, bank manager or police officer. It means you keep the original.

- The original Policy Document and Policy Schedule.
If these documents have been misplaced, please complete the Statutory Declaration

 **Go to Section H – Statutory Declaration on Page 5**

- A certified copy of proof of the Life Insured's death (e.g. Death Certificate or Coroner's Report).
- A certified copy of proof of the Life Insured's identity (e.g. Birth Certificate, Driver's Licence or Passport).
- A certified copy of proof of the Policyowner's identity (e.g. Birth Certificate, Driver's Licence or Passport).
- A certified copy of proof of the Policyowner's relationship to the Life Insured (e.g. Birth Certificate or Marriage Certificate).
- Certified copy of the Letter of Administration, Will and/or Grant of Probate.
- A completed and signed Medicare Authority form authorising the release of the Life Insured's Medical and Pharmaceutical Benefits Scheme claim information.

Section E – Policy Discharge

(Please note this section of the form will only be used if HLRA accepts liability for the claim)

- I/We hereby request payment of the benefit payable for the Life Insurance Policy (details on page 2 of this document), in full satisfaction for all claims whatsoever under the Policy for the Life Insured

Life Insured's name

and do hereby discharge HLRA from all liability there under other than for payment of the benefit.

Section F – Declaration

As the Policyowner/Claimant, I have read and carefully considered the questions on this document and all the responses are true and correct in relation to the claim.

I acknowledge that the making of a false statement may invalidate this claim, that if I fail to provide all or part of the information **Hannover Life Re of Australasia Ltd ("HLRA")** requires to assess this claim it will not be assessed and processed.

SIGN HERE

X

Policyowner/Claimant's signature

DD / MM / YYYY

Date

Section G – Direct Credit Authority

The payout of a Life Insurance Policy normally forms part of the Life Insured's Estate. It will be subject to the Life Insured's will unless there is a specific person (or persons) nominated on the Policy as beneficiary. If there is a specific nomination, then the money will be paid directly to that person. If no nomination has been made, the proceeds will be paid either to a surviving Policyowner (where applicable) or to the Estate's legal representative supported by a certified copy of the Letter of Administration, Will, and/or Grant of Probate.

This section of the form must be completed by the Policyowner.

If your claim is approved, the Benefit Amount payable will be credited to the account below.

As the nominated beneficiary, please complete:

BSB number (branch number) - Account number

Account name

Name of bank/
financial institution

Branch name/
location of financial institution

NB. If your account is held with a Credit Union, it may take longer for the Benefit Amount payable to be cleared. May we suggest you contact your nominated Credit Union.

SIGN HERE

X

Policyowner's signature

DD / MM / YYYY

Date

Section H – Statutory Declaration

I, (insert name, address and occupation)

Name

Address

Occupation

do solemnly and sincerely declare that I am the legal owner/beneficial owner of Policy number

Policy number

(“Policy”) on the life/lives of

Life Insured’s name

issued by Hannover Life Re of Australasia Ltd (“HLRA”).

I have satisfied myself by exhaustive enquiry that for the above Policy, none of the members of my family or my solicitor has any knowledge of the Policy documents’ whereabouts nor have they been disposed of by me or to the best of my knowledge by any other person, nor are the Policy documents held by my bank or any other person for safekeeping or lodgement.

The Policy documents have been lost in the following circumstances:

I have not assigned, mortgaged or otherwise dealt with the above Policy in any way and there is no lien on it.

I undertake to return the previous Policy documents to HLRA should they be found.

I make this solemn declaration by virtue of the Statutory Declarations Act 1959 as amended and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believing that the statements contained in this declaration are true in every particular.

SIGN HERE

X

Policyowner/Claimant’s signature

DD / MM / YYYY

Date

Declared at

DD / MM / YYYY

Date

SIGN HERE

X

Before me (authorised signatory’s signature)

DD / MM / YYYY

Date

Full name

Occupation/title

NOTE 1 – A person who willfully makes a false statement in a statutory declaration under the Statutory Declarations Act 1959 as amended is guilty of an offence against the Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding six months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

NOTE 2 – A statutory declaration under the Statutory Declarations Act 1959 as amended may be made only before a Chief Police, Resident or Special Magistrate; Stipendiary Magistrate or any Magistrate in respect of whose office an annual salary is payable; a Justice of the Peace; a person authorised under any law in force in Australia or its Territories to take affidavits; a person appointed under the Statutory Declarations Act 1959 as amended or under a State Act to be a Commissioner for Declarations; a person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1959, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959; a Notary Public; a person before whom a statutory declaration may be made under the law of the State in which a declaration is made; or a person appointed to hold, or act in, the office in a country or place outside Australia of Australian Consul-General, Consul, Vice-Consul, Trade Commissioner, Consular Agent, Ambassador, High Commissioner, Minister, Head of Mission, Commissioner, Charge D’Affaires, or Counsel, or Secretary or Attache at an Embassy, High Commissioner’s office, Legation or other post.