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Children's Insurance Benefit Claim Form

(Optional Benefit)

- To assist us in ensuring you receive a prompt assessment, please complete all the required sections of this booklet. If you need assistance please call us on **1300 737 697**. Please note however, that a claim cannot be assessed until we receive all original documents.
- 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 ✗

There are 2 parts to the claim form:

- **Part A** is to be completed by claimant
- **Part B** is to be completed by the registered medical practitioner treating the Life Insured.

Distributed by
Greenstone Financial Services Pty Ltd
trading as Guardian Insurance
ABN 53 128 692 884, AFSL 343079

Issued by
Hannover Life Re of Australasia Ltd
ABN 37 062 395 484
Level 7, 70 Phillip Street
Sydney NSW 2000
Phone: (02) 9251 6911
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H2383 G LI-CI Claim HLRA 04/15

Please return this form to Guardian Insurance Customer Service, PO Box 6728, Baulkham Hills NSW 2153

PART A:
Children's Insurance Serious Injury or Illness Benefit Claim Form

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Privacy

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

The information we collect will be used to assess and process your claim. The information may also be used if you apply for insurance from us in the future. If you fail to provide us with all or part of the information we require, we will be unable to assess and process your claim. Personal information will be collected from you or, where that is not practicable, from other organisations such as medical practitioners and government agencies.

The information we collect may be disclosed to other organisations, including but not limited to medical and legal practitioners, health service providers, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, an organisation that is duly appointed to manage the administration of such insurance policy or interpreters. We are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

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. You can also obtain the Privacy Policy of HLRA on their website, www.hannoverlifere.com.au. 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 737 697 Monday to Friday, 8:00am – 8:00pm EST.

Section A – Policyowner details

Title | First name | Surname

Policy number

Address

Phone (home) | (work) | (mobile)

Email

Section B – Personal details of the Life Insured Child

First name | Surname

Date of birth DD / MM / YYYY | Weight | Height

Section C – Medical details of the Life Insured Child

1. Has the injury or illness that occurred resulted in any of the following conditions. (Please tick one)
   ☐ Paralysis ☐ Blindness ☐ Deafness ☐ Total & Permanent Loss of Use of Two Limbs ☐ Encephalitis ☐ Meningitis
   ☐ Major Head Trauma ☐ Accidental Death
2. On what date did the symptoms or injury first occur? DD / MM / YYYY
3. The date a diagnosis was made of the child's condition? DD / MM / YYYY

4. Has the child previously had the same or similar condition or symptoms?

No ☐ Yes ☐ ▶ Please provide full details:

5. The Doctor the Life Insured child first consulted about the claimed condition:

Name

Address

Phone number

Date of first consultation DD / MM / YYYY Date of last consultation DD / MM / YYYY

6. Is the doctor named in Question 5. the usual doctor the Life Insured child attends?

Yes ☐ No ☐ ▶ Please provide details of your usual doctor:

Doctor's name

Address

Phone number

7. Disclosure of information – Doctor's authority

For the purpose of assessing Name of child (my child's) claim, I authorise our current medical practitioner, and any other medical practitioner or health professional we have consulted or may consult in the future, or that Hannover Life Re of Australasia Ltd ("HLRA") appoints to examine my child, to disclose information about his/her health and related matters to HLRA. A photocopy of this authorisation will be valid as the original.

SIGN HERE ✗

Policyowner's signature

DD / MM / YYYY

Date

Section D – Policy Discharge

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

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

Life Insured name, and do hereby discharge the Insurer from all liability there under other than for payment of the benefit.

Please ensure that all questions have been answered before you proceed further. If you fail to do so we will be unable to assess and process your claim.

Section E – Declaration

As the Policyowner 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 the Insurer requires to assess this claim it will not be assessed and processed.

SIGN HERE ✗ Policyowner's signature

DD / MM / YYYY Date

Section F – 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.

Children's Insurance

☐ 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 completed and signed Medicare Authority form authorising the release of your Medical and Pharmaceutical Benefits Scheme claim information

☐ (If applicable) A certified copy of the Death Certificate and certified copies of any Police and/or Coroner's Report

Section G – Direct Credit Authority

Completing the details below will assist us in getting your claim payment to you as quickly as possible.

- Once your claim has been assessed, the Benefit Amount payable will be credited to the account below.

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 ✗ Your signature

DD / MM / YYYY Date

- If you don't have a bank account, we will make any claim payment by cheque.

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 _____ 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 ✗ Signature of Policyowner/Claimant — DD / MM / YYYY Date

Declared at — DD / MM / YYYY Date

SIGN HERE ✗ Before me (signature of authorised signatory) — 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.

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PART B:
Children's Insurance Serious Injury or Illness Benefit Confidential Medical Report

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This document is to be fully completed by the registered medical practitioner treating the Life Insured Child.

- Please note that the information required to be completed in this document is in relation to the Life Insured Child.
- In order to ensure that the claim may be assessed fully, and to avoid any delays to this process, please ensure that all the items in this document are fully addressed and answered. 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.

Section A. Child's Details

First name _____ Surname _____

Date of birth DD / MM / YYYY

Residential address _____

Section B. Medical Details

1. Are you the child's (Life Insured) usual medical attendant? Yes ☐ No ☐
2. What is the exact diagnosis of the condition? (Please attach copies of all pathology, test results, etc that confirm the diagnosis).

3. What is the date of diagnosis? DD / MM / YYYY
4. Date of the first consultation in connection with the current condition: DD / MM / YYYY
5. Provide the dates and results of any X-rays, ECG, blood pressure or other tests performed.

Date	Test	Results

6. What treatment is currently being given, including surgery and medication, if any:

7. Please provide the names and addresses of any consulting specialist(s) or medical services the Life Insured child has been referred to:

Name	Address	Specialty or medical service

Please turn over to complete this form ▶

8. If the Life Insured child has been hospitalised, provide the following dates:

Admission date	Discharge date	Name of hospital

9. Have you ever treated the Life Insured child before for any condition? No ☐ Yes ☐ ▶ Please supply details:

Date consulted	Nature of the condition

10. Please provide details if the Life Insured child has a previous history of the current condition, or any impairment likely to be connected with the current condition.

Section C – Declaration and Agreement

I hereby certify that I have personally attended the above named patient and that all the information supplied by me in this Report is true. I agree that Hannover Life Re of Australasia Ltd may provide copies of this Report to any medical specialist from whom HLRA seeks an independent report or to any other person deemed necessary to assist in the assessment of this claim, or to any other person or organisation to whom the Insurer is obligated under the Privacy Act 1988 to give access to this Report.

Name

Qualifications

Address

Telephone

Facsimile

SIGN HERE ▶ ✗

Signature

DD / MM / YYYY

Date

H2383 G LI-CI Claim HLRA 04/15