

# Life Insurance Serious Illness 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

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# PART A: Serious Illness Insurance Benefit Claim Form

## 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](http://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 – Policy Information

Policyowner  Policy number

## Section B – Policyowner Details

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

## Section C – Serious Illness Claim

Applicable only to policies including the Serious Illness Insurance option.

### 1. Personal details of the Life Insured

First name  Surname   
Date of birth  Weight  Height

### 2. Medical details of the Life Insured

- a. Has the illness that occurred resulted in any of the following conditions. (Please tick one)
- Heart Attack  Malignant Cancer  Stroke  Coronary Artery Bypass Surgery
- b. On what date did the symptoms or injury first occur?

c. Has the Life Insured previously had the same or similar condition or symptoms?

No  Yes   Please provide full details:

d. The Doctor the insured first consulted about the claimed condition:

Name

Address

Phone number

Date of first consultation  Date of last consultation

e. Is the doctor named in (d) above i.e. the usual doctor the insured attends?

Yes  No   Please provide details of your usual doctor:

Doctor's name

Address

Phone number

**f. Disclosure of information – Doctor's authority**

For the purpose of assessing my claim for a Serious Illness Insurance Benefit, I authorise my current medical practitioner, and any other medical practitioner or health professional I have consulted or may consult in the future, or that Hannover Life Re of Australasia Ltd ("HLRA") appoints to examine me, to disclose information about my health and related matters to HLRA. A photocopy of this authorisation will be valid as the original.



Signature of Policyowner/Life Insured Date

**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.

**Serious Illness**

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 the claimant's identity (e.g. Birth Certificate or Driver's Licence)

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



## Section H – Statutory Declaration

I, (insert name, address and occupation)

Name

Address

Occupation

Policy number

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

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

X

Signature of Policyowner / Life Insured / Claimant

DD / MM / YYYY

Date

Declared at

DD / MM / YYYY

Date

SIGN HERE

X

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: Serious Illness Insurance Benefit Claim Form – Confidential Medical Report

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

- Please note that the information required to be completed in this document is in relation to the Life Insured as indicated below.
- Please note that it is the Life Insured’s responsibility for the payment of all fees associated in the completion of this document.
- 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.
- 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.

## Section A. Personal details of the Life Insured

Title  First name  Surname

Date of birth  Occupation

Residential address

## Section B. Medical details of the Life Insured

1. Are you the Life Insured’s 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?
4. Date of the first consultation in connection with the current condition:
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 patient has been referred to:

Name	Address	Specialty or medical service

**Please turn over to complete this form** ►

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

Admission date	Discharge date	Name of hospital

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

Date consulted	Nature of the condition

10. Please provide details if the Life Insured 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 ("HLRA") 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