

# Life Insurance Terminal Illness Insurance Benefit Claim Form

- 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  
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# PART A: Terminal 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 – Personal information of Life Insured

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Policy number	<input type="text"/>				
Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	(work)	<input type="text"/>	(mobile)	<input type="text"/>
Email	<input type="text"/>				

## Section B – Medical details of Life Insured

1. What condition are you claiming for? (Please give as many details as you can)

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2. Please provide details of the Doctor you first consulted about your claimed condition:

Name of Doctor	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Date of first consultation	<input type="text"/>
Date of most recent consultation	<input type="text"/>

3. Date the symptoms first began:

4. Have you ever had similar symptoms at any time in the past?

No  Yes

Please give details and dates of the Doctor or Hospital that treated you:

**If you have any test results in your possession please ensure they are attached to this form.**

**5. Disclosure of Information – Doctor’s Authority**

For the purpose of assessing my claim for a Terminal 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.

**SIGN HERE**     
Life Insured’s signature Date

**Section C – 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 Life Insurance – Terminal Illness Policy, in full satisfaction for all claims whatsoever under the Policy for the above Life Insured, (details on page 2 of this document) 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 D – Declaration**

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 this Declaration is part of a claim for a Terminal Illness Insurance Benefit and that the making of a false statement may invalidate my 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**     
Signature of Policyowner/Life Insured Date

**Section E – 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.

**Terminal Illness Insurance Benefit**

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

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

A certified copy of proof of claimant’s identity (eg. Birth Certificate, Driver’s Licence or Passport)

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

## Section F – 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 Date

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

## Section G – 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: Terminal Illness Insurance Benefit Claim Form – Specialist Medical Report

## This document is to be completed by the treating specialist.

- 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. Failure to address and answer all items in this document may result in refusal or delay of benefit payment.
- 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 – Personal details of the Life Insured

Title  First name  Surname

Address

Suburb  State  Postcode

Occupation  Date of birth

### Section B – Medical details of the Life Insured

1. When did you first see your patient for this condition?

2. What is the date and diagnosis of the condition?

3. What is the date the condition became a terminal illness (less than 12 months life expectancy)?

4. What are your patient's current symptoms and objective signs?

5. Please provide the date and results of any tests you have performed? Please provide a copy of all results.

Date	Test	Result
<input type="text" value="DD / MM / YYYY"/>		
<input type="text" value="DD / MM / YYYY"/>		
<input type="text" value="DD / MM / YYYY"/>		
<input type="text" value="DD / MM / YYYY"/>		

6. What treatment is being administered, including surgery and medication?

7. What is the prognosis?

8. In your opinion, would the life expectancy be 12 months or less? Please provide details of objective medical evidence on which your opinion is based.

9. Have you referred your patient to other Doctors for further opinion, investigation or treatment?

No  Yes   Please give details:

10. Was your patient admitted to hospital for this condition?

No  Yes   Please give details:

### Section C – Declaration

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 Date