

ANZ CREDIT CARD INSURANCE

CLAIM FORM FOR INVOLUNTARY UNEMPLOYMENT BENEFIT



STATEMENT FROM PERSON INSURED

Claim number

Please send your completed form and attachments to GPO Box 7086, Sydney NSW 2001.

If there is insufficient space to provide information, attach additional sheets to this form.

For further information, call 13 16 14.

1. DETAILS OF THE INSURED

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Doctor ☐ Other

Family name

Given names

Date of birth

Gender ☐ Male ☐ Female Age

Are you ☐ an Australian Citizen ☐ a New Zealand citizen ☐ a permanent resident of Australia

☐ a holder of a temporary visa Visa Class

Address

State

Postcode

Home Phone

Mobile Phone

Email

Note: Provide your email address to receive information on the progress of your claim by email.

Occupation prior to unemployment

Credit card number

2. UNEMPLOYMENT DETAILS

Details of last employer

Name

Address

Date this employment commenced?

Was this employment

☐ Permanent (full time or part time) ☐ Contract ☐ Temporary ☐ Apprentice

☐ Casual ☐ Seasonal ☐ Self-employed

If you were employed under a fixed term contract, date your contract was scheduled to end

Date employment ceased

Average number of hours per week worked in the 90 days prior to unemployment

Hours

Please explain the reasons why you ceased employment / self employment

Did you voluntarily resign or accept voluntary redundancy? ☐ Yes ☐ No

Have you registered with Centrelink or an Australian federal government approved job placement agency? ☐ Yes ☐ No

If yes, when did you register?

If you are not registered, please provide reasons as to why

If you have resumed any work please advise the date of commencement.

Note: A Separation Certificate must be attached to your claim form. If you are self-employed a letter from your accountant detailing the conclusion of your self-employment must be attached.

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3. THIS SECTION TO BE COMPLETED BY CENTRELINK / JOB PLACEMENT AGENCY

I declare that

is unemployed and has been registered since with ☐ Centrelink ☐ agency

☐ Is ☐ Is not in receipt of unemployment benefits.

If not receiving benefits, please advise why

Date

Centrelink authorised representative

Centrelink official stamp

Job placement agency

Details of agency

Name

Address

Phone

Contact name

Name of authorised representative

Signature of authorised representative

Date

4. DECLARATION

I authorise any previous employer, accountant or other person who has information relevant to my claim to supply OnePath General Insurance Pty Limited or its representative, with such information. I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

I declare that the information supplied on this form and in any attached documentation is correct and that I have not withheld anything material from OnePath General Insurance Pty Limited.

I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the ANZ Privacy Policy, available at anz.com/privacy and OnePath Life's Privacy Policy available at onepath.com.au/insurance/privacy-policy

ANZ and OnePath Life value your privacy and information security. Please be aware that email is not a secure method of communication as there are risks with using email to send information to us. If you wish to email your claim form to us, we encourage you to consider encrypting it. For more information please contact us.

Full name

Signature

Date

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5. FURTHER INFORMATION

If you have any questions, please call 13 16 14.

The completed form should be mailed to:

OnePath General Insurance Pty Limited
GPO Box 7086
Sydney NSW 2001

Or emailed to: DIClaims@onepath.com.au

Please ensure you provide all the requirements listed in our letter in order to avoid any delays with the assessment of your claim.

After reviewing this completed claim form, the Claims Department will contact you to advise if any further information is needed.