

Macquarie Life

Disability Income: Ongoing Claimant's Statement



Filling in this statement

Please complete all sections, use black ink and mark boxes like this with an X.

1 May we disclose information included in this claim form to your adviser?

No

Yes

2 Claimant's details

Policy number(s)

Mr Mrs Miss Ms Dr Other

First given name

Other given name(s)

Surname

Date of birth

Email address

3 Postal address

Suburb/Town

State

Postcode

4 Residential address (if different to postal address)

Street number and name

Suburb/Town

State

Postcode

5 What is the nature of your injury or sickness causing your disability income claim?

6 What symptoms are you still experiencing?

7 Since completing your last form, have you had any further investigations or treatment?

No Go to next question

Yes Provide details and dates below

8 Have you been hospitalised since the last statement was submitted?

No Go to next question

Yes Provide details below, including the name and address of the hospital and admission and discharge dates

9 Give the name and contact details of any new doctors or treatment providers you may have consulted with regards to this condition since completing the previous form.

New doctor or treatment provider 1

Initials Surname

Practice name and address

Reason

Phone number
 ()

Initial date consulted Last date consulted
 / / / /

New doctor or treatment provider 2

Initials Surname

Practice name and address

Reason

Phone number
 ()

Initial date consulted Last date consulted
 / / / /

New doctor or treatment provider 3

Initials Surname

Practice name and address

Reason

Phone number
 ()

Initial date consulted Last date consulted
 / / / /

10 Have you been able to work at all?

No **Go to 13**

Yes How many hours per week are you working?

11 Since when have you been able to work?

 / /

12 Of the hours you currently work each week, what percentage of your duties can you perform, (e.g. work 20 hours per week but achieving 80% of duties)?

 %

13 What date do you expect to return to full-time work or to resume some of your occupational duties?

Date of return to full-time work	Date to resume some occupational duties
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

14 Please read this before answering the questions about your financial details.

If you have returned to work in any capacity or are receiving any other source of income, please ensure that all relevant documentation confirming your earnings for the relevant periods (i.e. monthly accrual profit and loss statements and/or payslips) are provided together with this form. Failure to do so, may lead to a delay in the processing of your ongoing entitlement.

15 Are you currently claiming or do you intend to claim Disability Income from any of the following?

No **Go to 17**

Yes Provide details below

Mark ALL that apply

- Worker's Compensation
- Centrelink
- Third Party insurance
- Any other insurance policy
- Any other Government department

Go to next question

21 Ongoing disability income claim declaration

I

the claimant:

- now wish to claim to the Disability Income benefits of the Macquarie Life Limited policy(ies); and
- declare that my answers to the claims questions on pages 1-4 of this form and the statements and representations I make on pages 1-4 [and otherwise in my discussions with Macquarie on the phone] are complete and true to the best of my knowledge and belief, and that I have not withheld any relevant information from Macquarie Life Limited (“**Macquarie**”);
- authorise any medical practitioner, hospital or any other person to furnish Macquarie, or any of its representatives, any details relating to illness or injury of the insured person(s) or such other information as may be necessary to consider this claim;
- authorise Macquarie to disclose my personal information (which may include sensitive or health information) to the following parties:
 - Any physician, hospital or any other healthcare provider who has attended or examined me in order for them to supply Macquarie with full particulars of my medical history including copies of all hospital or medical records, referral letters, reports and details of any clinical notes that have been made.
 - Any claims assessor, investigator, medical professional, healthcare provider, insurance reference service, credit reference service, legal or accounting firm, auditor, employer, consultant or reinsurer for the purposes of producing a report concerning my claim.
 - Any benefit provider such as other insurers or Government departments (including for the purposes of Workers Compensation, other insurers, Centrelink or similar benefit providers) that provides benefits in the event of my sickness and/or injury.
 - And I further consent to those parties collecting information about me and releasing to Macquarie their report, including any information they may hold about me as relates to Macquarie’s administration of the policy, including this claim.

21 continued

I acknowledge and agree that:

- any written statements (including affidavits) of all the doctors or other physicians who attended or treated me and all other papers submitted in support of this claim, form part of this claim;
- the supply to me of this form or any other forms related to my claim does not constitute an admission of my claim by Macquarie;
- any benefits payable in respect of this claim shall be forfeited if I, or anyone acting on my behalf or with my knowledge and consent, have knowingly withheld any relevant information or submitted any false information in respect of the claim;
- upon payment by Macquarie of the benefits hereby claimed, Macquarie is wholly discharged from all liability in respect of such benefits.

Claimant's name

Claimant's signature (Please sign in black ink)

Date signed

This document is current as at 1 April 2010 and is issued by Macquarie Life Limited (Macquarie Life) ABN 56 003 963 773 AFSL 237 497 (“we”, “us”, “our” or “Macquarie” as the context requires). MML is not an authorised deposit-taking institution for the purposes of the Banking Act (Cth) 1959, and its obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542(MBL). MBL does not guarantee or otherwise provide assurance in respect of the obligations of MML.

Macquarie Life



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Claims



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FORWARD thinking



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