

Macquarie Life

Death Claim: 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 Details of the life insured

Policy number(s)

Mr Mrs Miss Ms Dr Other

First given name

Other given name(s)

Surname

Date of birth

Place of birth

Occupation

3 Postal address

Suburb/Town

State

Postcode

4 Residential address (if different to postal address)

Street number and name

Suburb/Town

State

Postcode

5 Details of claimant

Mr Mrs Miss Ms Dr Other

First given name

Other given name(s)

Surname

Relationship to the deceased

Date of birth

6 Postal address of claimant

Suburb/Town

State

Postcode

7 In what capacity are you claiming the insurance benefits?

8 Contact details

Work phone number

Home phone number

Mobile phone number

Email address

9 What was the date, time and place of death?

Date of death

Time of death

Address of place of death

10 What was the cause of death?

11 Is an inquest to be held?

No

Yes

12 Have you claimed, or are intending to claim for a Death cover from any other insurance company?

No Go to next question

Yes Provide details below

Text input field for insurance claim details.

13 When did the health of the deceased first become affected?

Date input field (/ /)

14 When did the deceased first consult a doctor for this illness?

Date input field (/ /)

15 Was the deceased a smoker?

No

Yes

16 Give the name and address of every doctor the deceased consulted in the past 5 years.

Doctor 1

Initials Surname

Initials and Surname input fields

Practice name and address

Practice name and address input field

Reason

Reason input field

Phone number

Phone number input field ()

Initial date consulted

Last date consulted

Initial date consulted input field (/ /)

Last date consulted input field (/ /)

Doctor 2

Initials Surname

Initials and Surname input fields

Practice name and address

Practice name and address input field

Reason

Reason input field

Phone number

Phone number input field ()

Initial date consulted

Last date consulted

Initial date consulted input field (/ /)

Last date consulted input field (/ /)

16 continued

Doctor 3

Initials Surname

Initials and Surname input fields

Practice name and address

Practice name and address input field

Reason

Reason input field

Phone number

Phone number input field ()

Initial date consulted

Last date consulted

Initial date consulted input field (/ /)

Last date consulted input field (/ /)

Doctor 4

Initials Surname

Initials and Surname input fields

Practice name and address

Practice name and address input field

Reason

Reason input field

Phone number

Phone number input field ()

Initial date consulted

Last date consulted

Initial date consulted input field (/ /)

Last date consulted input field (/ /)

Doctor 5

Initials Surname

Initials and Surname input fields

Practice name and address

Practice name and address input field

Reason

Reason input field

Phone number

Phone number input field ()

Initial date consulted

Last date consulted

Initial date consulted input field (/ /)

Last date consulted input field (/ /)

17 At the time of death, who was the deceased's employer?

Employer's name

Employer's address — street number and name

Suburb/Town

State

Postcode

Work phone number

18 At the time of death, was the deceased a member of a private health fund?

No Go to next question

Yes Provide the name of the private health fund below

19 Did the deceased die in a hospital?

No Go to next question

Yes Provide name and address of hospital below

20 Is there any cession or any other encumbrance of the owner's right under the contract?

No Go to next question

Yes Provide details below

21 Was the estate of the deceased insolvent at the time of death?

No Go to next question

Yes Provide details below

22 What was the marital status of the deceased at death?

Married Date of marriage

Registered relationship Date registered

(opposite-sex or same-sex relationship registered under state or territory laws)

Partnered Date deceased started

(living together in an opposite-sex or same-sex relationship, including de facto)

Separated Date of last separation

(previously lived with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship)

Divorced Date of divorce

Widowed Date of partner's death

(previously partnered with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship)

Never married or lived with a partner

25 Death claim declaration

I

the claimant:

- now wish to claim to the Death benefits of the Macquarie Life Limited policy(ies); and
- declare that my answers to the claims questions on pages 1-5 of this form and the statements and representations I make on pages 1-5 [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.

25 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



Admin/Underwriting Freecall 1800 005 057



Fax Gateway 1800 812 175



GPO Box 5216 Brisbane QLD 4001



insurance@macquarie.com



macquarielife.com.au

Claims



Freecall 1800 208 130



insuranceclaims@macquarie.com

FORWARD thinking



MACQUARIE

Death Notification Guide

It is always difficult to remember all the people you need to contact when someone dies. Below is a list to help remind you – it is not exhaustive, and not all may be applicable to you, so please consider it a guide only.

- Doctor
- Funeral director
- Executor of will
- Employer
- Family
- Friends
- Minister, rabbi, priest etc
- Insurance – life policies, funeral policies, insurance through super fund, credit insurance
- General insurance policy
- Medicare
- Australian Government – Centrelink
- Australian Tax Office
- Pensions authority
- Bank
- Credit card companies
- Hire purchase companies
- Health benefits fund
- Landlord
- Electricity company
- Gas company
- Water company
- Telephone company
- Mobile telephone company
- Local council - rates
- Clubs where any memberships are held
- Hospital – if regularly attending any clinics
- Vehicle registration and licensing authority
- Electoral office
- Accountant
- Professional bodies
- Library
- Post office
- Other health professionals – dentist, physiotherapist etc