

Macquarie Life

Trauma: 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 Which trauma condition are you claiming for?

6 When did you first notice your symptoms?

7 When was your condition first diagnosed?

8 What investigations have you undergone (include dates)?

9 What treatment, including surgery, have you had and for how long have you had this treatment?

10 Have you suffered with any complications of your disease or disorder?

No *Go to next question*

Yes *Provide details below*

11 Have you previously suffered from or received treatment for a similar or related disease or disorder?

No *Go to next question*

Yes *Provide details below*

12 Give the name and contact details of the doctor/specialist who is currently treating you.

Current treating doctor/specialist
Initials Surname

Practice name and address

Phone number
()

13 Give the name and contact details of any other doctor/specialist you may have consulted in the last 5 years.

Doctor/specialist 1
Initials Surname

Practice name and address

Reason

Phone number
()
Initial date consulted Last date consulted
 / / /

Doctor/specialist 2
Initials Surname

Practice name and address

Reason

Phone number
()
Initial date consulted Last date consulted
 / / /

13 Continued

Doctor/specialist 3
Initials Surname

Practice name and address

Reason

Phone number
()
Initial date consulted Last date consulted
 / / /

14 Have you previously submitted a trauma claim?

No Go to next question

Yes Provide details of when and for what below

15 Have you claimed or are you claiming for a trauma benefit from any other insurance company?

No Go to next question

Yes Provide details below

16 Are you a member of a private health fund?

No Go to next question

Yes Provide the name and medical fund below

20 Trauma claim declaration

I

the claimant:

- now wish to claim to the Trauma benefits of the Macquarie Life Limited policy; 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.

20 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

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Macquarie Life

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