

ANZ Credit Card Insurance Claim Form for Involuntary Unemployment Benefit



STATEMENT FROM PERSON INSURED

Claim number

Please send your completed form and attachments to OnePath General Insurance Pty Limited, GPO Box 4028, Sydney NSW 2001.

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

For further information, call 1800 500 229.

1. DETAILS OF THE INSURED

Title Mr Mrs Ms Miss Dr Other Family name Given names Date of birth (dd/mm/yyyy) / / 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 Phone Home Mobile 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? (dd/mm/yyyy) / / Was this employment Permanent (full time or part time) Casual Contract Seasonal Temporary Self-employed ApprenticeIf you were employed under a fixed term contract, date your contract was scheduled to end (dd/mm/yyyy) / / Date employment ceased (dd/mm/yyyy) / / 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 NoHave you registered with Centrelink or an Australian federal government approved job placement agency? Yes NoIf yes, when did you register? (dd/mm/yyyy) / /

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

If you have resumed any work please advise the date of commencement. dd/mm/yyyy / /

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.



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

I declare that

is unemployed and has been registered since (dd/mm/yyyy) / / with Centrelink / agency (please circle one).

Is / Is not in receipt of unemployment benefits.

If not receiving benefits, please advise why

Date (dd/mm/yyyy) / /
Centrelink authorised representative

Centrelink official stamp

Job placement agency

Details of agency
Name
Address
Phone number Contact name

Name of authorised representative Signature of authorised representative Date (dd/mm/yy)

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.

Full name Signature Date (dd/mm/yyyy)

5. FURTHER INFORMATION

If you have any questions, please call 1800 500 229.

The completed form should be mailed to:

OnePath General Insurance Pty Limited
GPO Box 4028
Sydney NSW 2001

Or emailed to:

DIClaims@onepath.com.au

or faxed to:

02 9234 5015

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.