

NRMA Income Protection Involuntary Unemployment Initial Claim Form



Please ensure that:

- All questions are completely answered to avoid undue delays to this claim.
- You complete this form in black/blue ink and ensure that answers are clear and legible.
- Attach a separate page if you need more space for any answers.

Please ensure the following mandatory items are attached with the completed form:

- Notice of Release or Separation Certificate (if employed).
- AFSA Bankruptcy Notice (if self-employed).

Part A – Personal Details (Life Insured)

Policy number: _____ Claim number: _____

Date of birth:

First Name: _____ Surname: _____

Current residential address (not a P.O. Box): _____

Postal address (if different from above): _____

Email address: _____

Phone numbers: Home _____ Work _____ Mobile _____

Part B – Banking Details

Please provide bank account details for the claim benefit payments to be paid to:

Name of Bank: _____

BSB Number:

Account Number:

Account Name: _____

(For example: A & B Smith)

Part C – For Employees

1. Name of Employer: _____

2. Details of employment: _____

What was the basis of your employment? Full-time Part-Time Casual Contract

3. Average number of hours you worked per week over the last 12 months in this employment? _____ hours

4. Date your employment commenced:

5. What date did you cease employment with your employer?

6. What was the cause of your unemployment?

- Redundancy/Retrenchment
- Maternity Leave
- End of Contract
- Insolvency/Bankruptcy of Employer
- Resignation
- Study Leave

Part C – For Employees continued

7. Please explain the circumstances of your unemployment: _____

8. Please include details of your Manager/HR Representative

Manager/HR Representative name: _____

Phone number: _____

Email: _____

9. Do you currently have any other employment? Yes No

If yes, please provide details: _____

10. Have you attached the following?

Notice of Release Yes No

Separation Certificate Yes No

Part D – For Self-Employed

1. Name of Business: _____

2. Business structure:

Sole Trader

Partnership

Trust

Company

ACN _____ ABN _____

3. Business details:

Address: _____

Phone: _____

4. Please include the contact details of any key person within the Business (other than you)

Contact name: _____

Contact phone number: _____

Contact email: _____

5. If applicable, what were the circumstances of your bankruptcy? _____

6. What were the dates your business was in operation? _____ to _____

Part D – For Self-Employed continued

7. What date was the business declared bankrupt?
8. What was the average number of hours you worked per week over the last 12 months in your business? _____ hours
9. Have you attached the following? AFSA Bankruptcy Notice
10. Please provide your Accountant's details:
- Accountant name: _____
- Accountant phone number: _____
- Accountant email: _____

Part E – Actively Seeking Employment

1. Have you registered with Centrelink as unemployed? Yes No
2. Have you been actively submitting applications to find work? Yes No
3. Please supply the details of any employment applications you have submitted over the period you have been unemployed:
4. Name of prospective employer: _____
- Business Structure: (e.g. Sole Trader, Company, Partnership) _____
- ACN / ABN: _____ Position applied for: _____
- Date application was submitted:
- Application outcome: _____
- Name of key person contact at prospective employer: _____
- Key person contact phone number: _____
- Name of prospective employer: _____
- Business Structure: (e.g. Sole Trader, Company, Partnership) _____
- ACN / ABN: _____ Position applied for: _____
- Date application was submitted:
- Application outcome: _____
- Name of key person contact at prospective employer: _____
- Key person contact phone number: _____

Part E – Actively Seeking Employment continued

Name of prospective employer: _____

Business Structure: (e.g. Sole Trader, Company, Partnership) _____

ACN / ABN: _____ Position applied for: _____

Date application was submitted:

Application outcome: _____

Name of key person contact at prospective employer: _____

Key person contact phone number: _____

Part F – Authorities

Information Authority

I, _____ (full name) hereby authorise any insurer, employer, accountant or other relevant holder of information, to release to TAL Direct Pty Limited, or its representatives, information which TAL Direct Pty Limited requires for the purpose of assessing my claim for benefits. A copy of this authority is to be regarded as if it were the original signed authority.

Signature: _____ Date: _____

Part G – Declaration

Claim Declaration

I hereby declare that the information provided in this claim form is true, correct and complete. I understand and agree that if I make any false or fraudulent statements or fail to advise TAL Direct Pty Limited of any material information regarding my claim, the insurer may reduce or refuse to pay my claim or cancel my policy.

Signature: _____ Date: _____

Your Privacy

The privacy of individuals is important and there are legal obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which your personal information is collected, used, secured and disclosed, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy is set out in the respective privacy policies of the providers of this product and / or related services and is available, free of charge, using the links and contact details below:

www.tal.com.au or call 1300 996 143

www.nrma.com.au or call 132 132

www.standrews.com.au

Collection and use of personal information

In order to provide this product to you (and to assess any claim made on this product) it may be necessary to collect your personal information, including your name, age, gender, contact details, health information, salary, and employment information. In certain circumstances, such as applications for life insurance products and claims, it may be necessary to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, then it may not be possible to provide the product to you or pay the claim.

Steps may be taken to verify the information that has been collected; for example, a birth certificate provided as identification may be verified with records held by the Registry of Births, Deaths and Marriages to protect against impersonation, or remuneration information may be verified with an employer in circumstances where there is a claim for income protection to ensure that it is accurate.

Disclosure of personal information

From time to time it may be necessary to disclose relevant personal information to external organisations and other parties in connection with providing this product, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- Other organisations to whom certain functions are outsourced during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where your personal information may be disclosed in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office); and
- Authorised by law (e.g. under Court Orders or Statutory Notices)

Please return this form

In the Reply Paid envelope provided,
or mail to the address here
(No postage stamp required)

Mail FREE Post

NRMA Insurance
Reply Paid 72
Carlton South, VIC 3053

How to contact us

Phone: **1300 996 143**
Email: contact@nrmalife.com.au
Fax: 1800 731 122