ZURICH

Group Risk Insurance

Terminal Illness Form

This form contains three parts. All parts (A, B and C) and the requested additional items must be submitted to Zurich in order for your claim to be considered.

Part A – Member Statement. Part A must be completed by you to make a terminal illness claim.

Part B – Medical Attendant's Statement. Part B should be detached and provided to your treating doctor (general practitioner) for completion. The treating doctor must complete all sections and provide all accompanying materials as requested in Part B.

Part C – Specialist Medical Attendant's Statement. Part C should be detached and provided to your specialist for completion. The specialist doctor must be a specialist in the field of medicine for the illness or injury for which you are making a claim and must complete all sections, providing all accompanying materials as requested in Part C.

If the doctor or specialist requires payment of a fee to complete Part B or C, payment of this is your responsibility and not that of Zurich or your Superannuation Fund/Employer.

Please note:

- There are information security risks associated with using email to send information.
- Print in black or blue ink.
- Please ensure questions are answered in full where possible. Incomplete and unanswered questions may result in your claim being delayed.
- Attach a separate page if more space for an answer is required and clearly indicate to which question the additional information relates.

Part A – Member Statement for a Terminal Illness Claim

Name of Superannuation Fund/Employer

Member number

1. Member details

Title ○ Mr ○ Mrs ○ Ms ○ Miss Other

Surname

First name(s)

Other names you are known by

Date of birth (dd/mm/yyyy) / /

Street address

Suburb/Town State Postcode

Phone number Home Mobile

Do you permanently reside in Australia? ○ Yes ○ No

How long have you lived in Australia? Years Months

2. Employment

Name of most recent employer

Date last at work (if you have ceased working) (dd/mm/yyyy) / /

Declaration

I hereby declare that the information contained in this statement is true, complete and correct in every detail. I acknowledge my responsibility for the completeness and accuracy of the information, whether the answers have been written, entered or provided by me or by any person on my behalf. I understand and agree that if I make any false or fraudulent statements or fail to advise Zurich Australia Limited (Zurich) of any relevant information regarding my claim, Zurich may be unable to assess my claim and may proceed to cancel my claim and/or my cover. I understand that I can be prosecuted if I make any fraudulent statement.

I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in Zurich's Privacy Policy available at zurich.com.au/important-information/privacy

I acknowledge that I have been provided with Zurich's Privacy Statement, which provides information about how Zurich collects, uses and discloses my personal information (including health and other sensitive information), and I understand further information is available in the Privacy Policy which is available at zurich.com.au/important-information/privacy

Zurich values your privacy and information security. Please be aware that email is not a secure method of communication and there are risks with using email to send information. If you wish to email your claim form to us, we encourage you to consider encrypting it. For more information please contact us.

I understand that Zurich will be unable to process my claim or administer this policy without this consent.

Name (please print)

Signature

✗ Date (dd/mm/yyyy) / /

Please attach the following item with your completed form:

- Certified copy of your current driver's licence or passport.

Part B – Medical Attendant's Statement for a Terminal Illness Claim

This form is Part B of the Zurich Terminal Illness Form. Your patient will submit all completed parts of the claim form (Part A – Member Statement, Part B – Medical Attendant's Statement and Part C – Specialist Medical Attendant's Statement) with all the requested additional information to Zurich in order for the claim to be considered.

You as the treating doctor must complete all sections in this Part B and provide all accompanying materials as requested. If you are unable to complete any section, provide written reasons for this.

Please note:

- There are information security risks associated with using email to send information.
- Print in black or blue ink.
- Please ensure questions are answered in full where possible. Incomplete and unanswered questions may result in your patient's claim being delayed.
- Attach a separate page if more space for an answer is required and clearly indicate to which question the additional information relates.

If you require payment of a fee to complete Part B, payment of this is your patient's responsibility and not that of Zurich or their Superannuation Fund/Employer.

Patient's full name

Patient's address

Patient's date of birth (dd/mm/yyyy) / /

Diagnosis

Date of diagnosis (dd/mm/yyyy) / /

Has your patient had this or a similar condition previously? ○ Yes ○ No

If **yes**, please provide a brief history:

In your opinion, does the patient suffer from an illness or have they incurred an injury, that despite reasonable medical treatment, is likely to result in their death within 12 months from the date you signed and completed this form? ○ Yes ○ No

Date of diagnosis (dd/mm/yyyy) / /

Comments

Please note: that this completed form and any attached reports and information may be provided to your patient, other relevant medical practitioners as required, various industry bodies, the superannuation fund trustee (where relevant), Australian Financial Complaints Authority, and/or the insured member's employer (where relevant).

Declaration

I hereby declare that the information contained in this statement is true, complete and correct in every detail.

Signature

✗ Date (dd/mm/yyyy) / /

Name (please print)

Provider number Qualifications

Surgery address

Phone number Fax number

Email

Please attach the following items with the completed form:

- x-rays and other radiology reports, pathology and other test results
- copies of recent medical reports in respect of the claimed condition.

Part C – Specialist Medical Attendant's Statement for Terminal Illness Claim

This form is Part C of the Zurich Terminal Illness Form. Your patient will submit all completed parts of the claim form (Part A – Member Statement, Part B – Medical Attendant's Statement and Part C – Specialist Medical Attendant's Statement) with all the requested additional information to Zurich in order for the claim to be considered.

You as the specialist treating doctor must be a specialist in the field of medicine for the illness or injury for which your patient is making a claim and must complete all sections, providing all accompanying materials as requested in Part C. If you are unable to complete any section, provide written reasons for this.

Please note:

- Print in black or blue ink.
- Please ensure questions are answered in full where possible. Incomplete and unanswered questions may result in your patient's claim being delayed.
- Attach a separate page if more space for an answer is required and clearly indicate to which question the additional information relates.

If you require payment of a fee to complete Part B, payment of this is your patient's responsibility and not that of Zurich or their Superannuation Fund/Employer.

Patient's full name

Patient's address

Patient's date of birth (dd/mm/yyyy) / /

Diagnosis

Date of diagnosis (dd/mm/yyyy) / /

In your opinion, does the patient suffer from an illness or have they incurred an injury, that despite reasonable medical treatment, is likely to result in their death within 12 months from the date you signed and completed this form? ○ Yes ○ No

Date of diagnosis (dd/mm/yyyy) / /

Comments

Please note: that this completed form and any attached reports and information may be provided to your patient, other relevant medical practitioners as required, various industry bodies, the superannuation fund trustee (where relevant), Australian Financial Complaints Authority, and/or the insured member's employer (where relevant).

Declaration

I hereby declare that the information contained in this statement is true, complete and correct in every detail.

Signature

✗ Date (dd/mm/yyyy) / /

Name (please print)

Provider number Area of expertise

Qualifications

Surgery address

Phone number Fax number

Email

Please attach the following items with the completed form:

- x-rays and other radiology reports, pathology and other test results
- copies of recent medical reports in respect of the claimed condition.

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