

Life & Living Insurance Claim Form



For policies with an insurance start date on or after 17 August 2016

As you complete this form we strongly recommend that you read again the relevant sections of your Life & Living Insurance Cover Wording. This sets out the details of each type of cover and making claims, including when there are conditions you may have to meet to be able to make a claim. Your Policy Schedule may also include special conditions e.g. events or conditions that are excluded from a cover.

Who should complete this form:

- For all claims except death, this form should be completed by the person insured
- A death claim needs to be completed by either the policy beneficiary, the policy owner, or the executor of the Estate.

Please return the completed claim form with any other requested documentation to nib nz insurance limited via email - lifecclaims@nib.co.nz

1. Person insured and policy owner details

Name of person insured

Date of birth

Address

Suburb

Town/City

Postcode

Contact details

Home

Mobile

Work

Email

Details of the policy owner (if different than the person insured)

Name of policy owner

Address

Suburb

Town/City

Postcode

Contact details

Home

Mobile

Work

Email

Details of the person completing the claim form (if different to the person insured or the policy owner)

Name

Address

Suburb

Town/City

Postcode

Life & Living Insurance Claim Form

1. Person insured and policy owner details (continued)

Contact details

Home

Mobile

Work

Email

2. Claim details

Policy number

What is the claim for? (please tick one)

Income Protection Illness cover (Please also complete sections 3, 4 and 9)

Redundancy cover (Complete sections 3, 5 and 9)

Serious Illness Trauma (Please also complete sections 6 and 9)

Terminal Illness (Complete sections 7 and 9)

Death (Complete sections 8 and 9)

3. Employment details

Please complete this section if you're claiming under Income Protection Illness cover or the Redundancy cover.

Employer details

Name

Address

Phone

What date did you commence this employment?

What was your occupation immediately prior to ceasing employment?

How many hours per week are you paid to work?

If you were not working were you on approved unpaid leave?

Yes No

If yes, what period are you on unpaid leave?

From To

What else do you need to do?

Please enclose your last two payslips prior to ceasing work showing number of hours worked per week, or provide a letter from your employer confirming the number of hours you worked per week. If you're self-employed, please enclose your income statement for the month prior to you ceasing work.

4. Income Protection Illness cover claim

IMPORTANT: To be eligible to claim under this cover the person insured must have suffered an illness or injury and be unable to work.

No claim is payable for the first 30 days for Income Protection Illness cover.

Is the condition for which you are claiming due to an illness or accident?

Illness Accident

If it was due to an accident please provide details of how the accident happened, including the time and date:

Time

Date

Life & Living Insurance Claim Form

4. Income Protection Illness cover claim (continued)

Had you consumed any alcohol or drugs within 12 hours of the accident? If yes, please provide details

Describe the nature of your illness or injuries that are preventing you from working

Have you previously suffered from this type of illness or injury?

Yes No

If yes, please provide any dates and periods you were off work

What date did you cease work due to the illness or injury?

Have you returned to work in any capacity?

Yes No

If yes, what date did you return to work? If no, what date do you expect to return to work if known?

Please provide details of your usual doctor

Name

Phone

Address

Please provide details of the doctor treating your illness or injury (if different from above)

Name

Phone

Address

Have you received and/or will you receive sick leave pay from your employer whilst you are/were not working?

Yes No

Has a claim been lodged with ACC?

Yes No

If yes, please provide claim number:

Do you have another income protection or mortgage protection insurance?

Yes No

If yes, please provide the name of the insurer and policy number

Name of insurer

Policy number

What else do you need to do?

Please have your treating doctor complete the enclosed Initial Doctor's Report.

The fee for the completion of the Initial Doctor's Report is not covered by this insurance.

Life & Living Insurance Claim Form

5. Redundancy cover claim

IMPORTANT: To be eligible to claim under this cover you must have been made redundant from paid employment and are actively seeking paid employment. You must have worked a minimum of 25 hours per week and been in continuous paid employment for the previous six months prior to redundancy.

No claim is payable for the first 30 days after you were made redundant.

When were you made redundant (i.e. your last day of work)?

When were you first notified of the redundancy?

Are you currently working? Yes No

If you are not working, are you actively seeking employment?

Yes No

What was the reason for the loss of employment?

What else do you need to do?

Please attach your letter of redundancy and employment contract OR have the employer's declaration section completed. Please also have the confirmation of unemployment section completed.

Employer's declaration (to be completed by your employer)

When was the redundancy first notified?

What was the first date of employment?

What was the last day of employment?

What was the reason for the loss of employment?

Declaration

I declare, to the best of my knowledge and according to the records held by this company, that the information provided in sections 3 and 5 of this claim form is true and correct.

Employer's signature

Date

Employer's name

Position

Contact number

Confirmation of unemployment

To be completed either by Work and Income New Zealand (WINZ) or by an employment agency that you are registered with. To be completed after you have been unemployed for 30 consecutive days.

If you have not registered with Work and Income New Zealand (WINZ) or with an employment agency, we require proof that you have been actively seeking work such as details of job applications or similar since you became redundant.

Name of claimant

WINZ reference number or the employment agency's name

We certify that the above registered with this office on

According to our records he/she has been unemployed since

and is currently seeking employment

Signature

Date

Name

WINZ or Agency Stamp

Life & Living Insurance Claim Form

6. Serious Illness Trauma cover claim

IMPORTANT: To be eligible to claim under this cover you must have been diagnosed or suffered one of the defined medical conditions set out in the Serious Illness Trauma cover in the Life & Living Insurance cover wording.

Which Serious Illness Trauma cover medical condition are you claiming for?

When did you first experience symptoms of this medical condition?

Please provide details of your usual doctor

Name

Phone

Address

Please provide details of the doctor treating your illness

Name

Phone

Address

What else do you need to do?

Please have your treating doctor complete the enclosed Initial Doctor's Report, and include any specialist/hospital reports including the histology report if the illness is a cancer.

The fee for the completion of the Initial Doctor's Report is not covered by this insurance.

7. Terminal Illness cover claim

IMPORTANT: To be eligible to claim under this cover the person insured must have been diagnosed as terminally ill meaning an illness or injury that is expected to lead to death within 12 months.

What's the nature of your illness?

When did you first experience symptoms of this illness?

Please provide details of your usual doctor

Name

Phone

Address

Please provide details of the doctor treating your illness

Name

Phone

Address

What else do you need to do?

Please have your treating doctor complete the enclosed Initial Doctor's Report, and include copies of specialist and hospital reports.

The fee for the completion of the Initial Doctor's Report is not covered by this insurance.

Life & Living Insurance Claim Form

8. Death cover claim

Details of the beneficiary (if one is named on the policy schedule)

Name Phone

Address

Details of the executor(s) handling the Estate of the person insured

(if there is no beneficiary and the person insured is the policy owner)

Name of Executors handling the Estate Phone

Address

Date of death Cause of death

If the death was from an accident, please briefly advise the nature of accident

Details of the doctor who holds the person insured's medical records

Name Phone

Address

What else do you need to do?

Please enclose:

- The original or a certified copy* of the birth certificate of the person insured
- The original or a certified copy* of the death certificate of the person insured
- The most recent Policy Schedule
- If the cause of death is subject to a Coroner's Finding please enclose the Coroner's Report or pathology report if the coroner's report is not yet available
- If a beneficiary is named on the policy schedule, please enclose proof of the identity of the beneficiary – either a certified copy of a birth certificate, marriage certificate, New Zealand driver's licence or current passport.

* A certified copy is a photocopy of the original that has been signed and certified by either a Justice of the Peace (JP), barrister or solicitor, or the Register or Deputy Registrar of the Court.

Life & Living Insurance Claim Form

9. About your representative (if applicable)

I give my authority for any details of this claim to be provided to:

My financial adviser Yes No

Adviser's name

10. Declaration & authorisation

I declare that the information provided in this claim form is complete, true and correct and that I have not withheld any information that may be relevant to my claim.

I acknowledge that the information I have provided must remain complete, true and correct during the course of a claim, and if nib nz insurance limited accepts the claim, while it is paying any claim. nib nz insurance limited relies on the information provided to it in assessing a claim. If the claim is fraudulent or dishonest or incorrect or incomplete, I understand nib nz insurance limited has rights. I understand those rights include declining the claim and/or canceling or avoiding the insurance agreement and requiring a refund of any claim payments as set out in the Life & Living Insurance Policy Wording.

I agree that this claim form and any information disclosed verbally to nib nz insurance limited will form part of my claim assessment.

I agree that any information disclosed verbally to nib nz insurance limited may be recorded by nib nz insurance limited for the purpose of assessing my claim.

I authorise and request any medical practitioner, hospital or any other person to provide to nib nz insurance limited any information, including medical records or consultation details that they request to access my claim.

I also authorise nib nz insurance limited to disclose any information in connection with my claim to other parties, if it reasonably believes that's necessary or appropriate to deal with this claim. Other parties include any reinsurance, employer, doctor or hospital.

Under the Privacy Act 2020 I understand that all my personal information will be securely held by nib nz insurance limited and will not be disclosed to any other person or organisation unless it is specifically related to my claim, in which case I authorise nib nz insurance limited to release this information.

I understand that under the Privacy Act 2020 I have certain rights to access and request correction of the personal information held by nib nz insurance limited.

A copy of this authorisation, either photocopied or electronically scanned, will be considered as valid as the original.

For all claims except Death, this Declaration & authorisation must be signed by:

Person insured

Person insured's signature Date

AND

Policy owner

Policy owner's signature if other than the person insured Date

Life & Living Insurance Claim Form

10. Declaration & authorisation (continued)

For a Death claim, this Declaration & authorisation must be signed by either the:

Beneficiary (if a beneficiary is named on the Policy Schedule)

Beneficiary's signature

Date

Witness - must be over the age of 18

Full name

Address

Signature

Date

OR

Executors of the person insured's estate (if the person insured is the policy owner and no beneficiary is named on the policy schedule)

Executor's signature

Date

Executor's signature

Date

OR

Policy owner (if the policy owner is not the person insured)

Policy owner's signature

Date



Need help?

Call: **0800 555 642 (option 2)**

Email: **lifeclaims@nib.co.nz**



Please return your completed form via

Email: **lifeclaims@nib.co.nz**

Mail: **nib nz insurance limited
PO Box 91630, Auckland 1142, New Zealand**

