

Helpful tips when lodging a claim

Claimant – employer group



Life's better with the right partner®

Making a claim can be difficult, particularly when you also have to deal with stressful life events. That's why we try to make the process as easy as possible. AIA Australia is the insurer for your life insurance policy and will be processing your claim. To help you, we have provided some tips below.

What happens when you make a claim?

When you make a claim your employer will check your details and write to you. If your claim form is completed correctly, your employer will send it to us and we will start processing your claim. If your form is incomplete, or does not include all necessary information, your employer will contact you and wait until it has received the information before sending it to us.

Once we have your claim form we will go through it and make a decision about your claim. Sometimes we will need to request information from third party providers (e.g. your doctor, workers' compensation) and this may slow the process down. We will not be able to process your claim until we have this information, but once we have it, we'll do so as quickly as possible.

How can you speed up your claim?

1. Give as much information as possible upfront

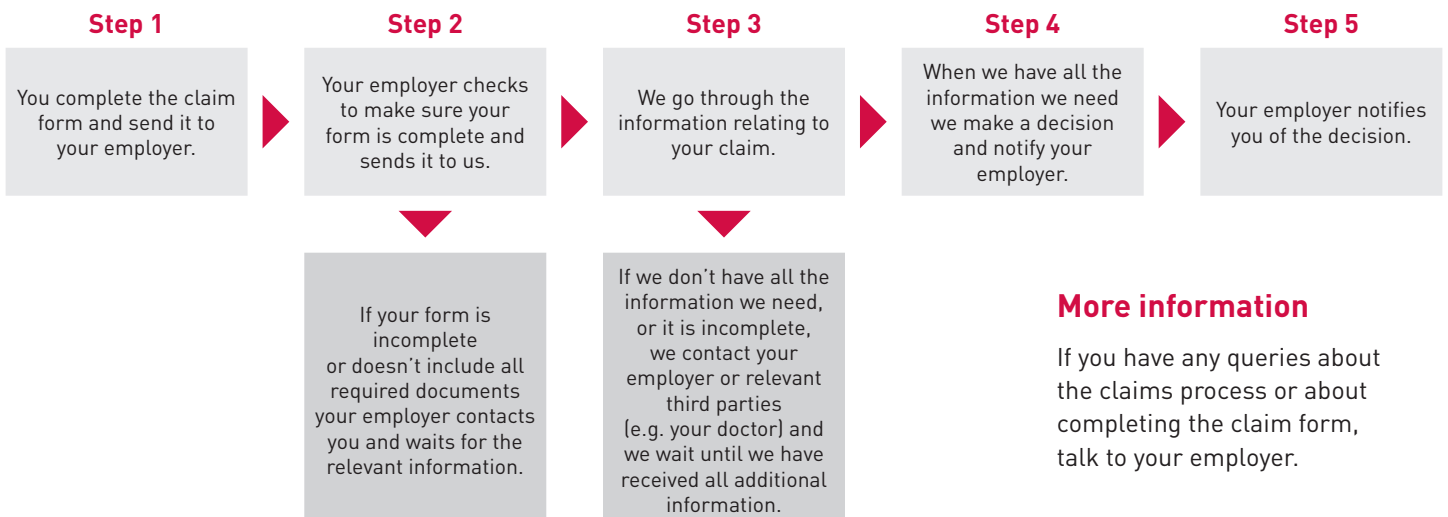
As we don't know about your circumstances, we need to ask for a lot of information to be able to make a decision about your claim. So it's important to provide as much information as possible upfront. Most delays happen when we don't get all the information we need. You can help speed up the process by providing all relevant information when you first complete your form.

2. Check the information you provide is correct and complete

Before sending in your form and any other documents, read through the form and check that all information is correct and that you haven't missed anything.

3. Follow-up promptly

If for any reason you are asked to provide further information, please respond quickly so we can process your claim.



More information

If you have any queries about the claims process or about completing the claim form, talk to your employer.

Frequently asked questions about lodging a claim

Why do I have to provide information to support my claim?

We need this information to understand your circumstances and decide whether your claim is covered by the insurance policy.

How long will it take to assess my claim?

The time it takes to assess your claim varies as we assess each claim on its merits. It will depend on whether we have all the information we need upfront and whether we need to request additional information.

How can I speed up the process of assessing my claim?

You can speed up the process by providing as much information as you can upfront, ensuring that your form is fully complete, and following up with third parties (e.g. doctor) to ensure they provide any information requested from them.

Why does the insurer need a Medical Attendant's Statement?

The Medical Attendant's Statement gives information about the diagnosis, treatment and current status of your condition. We use this information to assist us in assessing your claim.

Why does the insurer need an Employer Statement?

The Employer Statement helps us understand your work environment and the impact your condition has on your ability to perform your work.

What is a certified copy?

A 'certified copy' of a document such as your Driver's Licence or Passport means the document must be certified 'as a true copy of the original document'. The person who certifies must be either a:

- magistrate, or a CEO of a Commonwealth Court
- registrar or deputy registrar of a court
- JP or notary public
- police officer
- person in charge of a post office agency or an Australia Post employee of two or more years service
- Australian Consular or diplomatic officer
- officer of a financial institution or finance company of at least two years service
- officer of an AFSL holder, or an authorised representative of an AFSL holder, of at least two years continuous service
- CPA or chartered accountant of at least two years standing.

July 2014

The information contained in this document is for general reference and guidance purposes only. While AIA Australia has made all reasonable efforts to ensure the information is up-to-date and accurate, the information may be subject to change from time to time. The information should not be construed as advice of any type. AIA Australia treats and assesses all claims it receives on a case by case basis taking into account the individual circumstances applying to each particular claim. As such, AIA Australia reserves the right at all times to deviate from the standard processes and procedures described in this document if required.



Corporate Claim Form Terminal Illness Benefit

STATEMENT BY CLAIMANT. Please answer ALL relevant questions fully, not doing so could result in delays in processing your claim.

Plan Name	Member No. (if superannuation owned)	Policy No.
<input type="text"/>	<input type="text"/>	MP

SECTION A – Personal Details

Claimant Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential Address	<input type="text"/>		Postcode <input type="text"/>
Telephone (home)	<input type="text"/>	(work)	<input type="text"/>
		(mobile)	<input type="text"/>
E-mail (for correspondence)	<input type="text"/>		
Occupation (at time of ceasing work)	<input type="text"/>		

SECTION B – Claim Details

1. (a) Please describe the exact nature of your condition. (Please attach copies of any specialist's reports you may have or are able to obtain from your usual doctor or medical provider. If your condition is 'cancer', please attach a copy of the histopathology report.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

- (b) Please advise the treatment you have received for your condition.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

2. (a) On what date was your condition **first diagnosed**?

 / /

- (b) Name of the **doctor/specialist** or medical provider who **first diagnosed** your condition.

- (c) Address of the doctor or medical provider.

<input type="text"/>
<input type="text"/>

- (d) Telephone of the doctor or medical provider.

3. (a) Name of your **usual doctor** or medical provider.

- (b) Address of your usual doctor or medical provider.

<input type="text"/>
<input type="text"/>

- (c) Telephone of your usual doctor or medical provider.

SECTION B – Claim Details (continued)

4. Please advise the name, address and telephone details of **any other** doctors or medical providers who have treated you for your condition.

Name of medical provider	Field of practice (eg. oncologist, cardiologist etc.)	Address and telephone contact details
		<div style="text-align: right;">Tel:</div>
		<div style="text-align: right;">Tel:</div>
		<div style="text-align: right;">Tel:</div>

SECTION C – Checklist

5. I have attached a certified copy of my: Driver's Licence or Passport or Birth Certificate
Please Note – the assessment of your claim will be delayed if certified proof of identity is not attached.
6. I have provided any other information that was requested or that may assist my claim.
7. I have provided my usual doctor and my treating specialist with my Plan Name and Member Number (if applicable) so they can complete the Medical Attendant's Statements for my claim. Please ensure both completed Medical Attendant's Statements are attached.
8. I have fully completed this form, to ensure my claim is assessed promptly.

SECTION D – Declarations and Authorities

DECLARATION AND CONSENT

I declare that the information 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 the insurer, AIA Australia Limited, of any relevant information regarding my claim, AIA Australia Limited may refuse to pay benefits and proceed to cancel my claim and/or my insurance cover.

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in this form and the Privacy Policy on the AIA Australia website www.aia.com.au as updated from time to time, including (without limitation) for the purposes of investigation, assessment and management of my claim and related purposes, and the collection and exchange of my personal information from and with the following (where relevant):

- the life insured, policy owner or beneficiaries of my insurance policy;
- my representatives (including my financial adviser), employer and financial institution;
- other insurers (including workers' compensation insurers), insurance brokers and intermediaries and insurance and credit reference agencies;
- medical and health providers, including the ambulance service;
- AIA Australia's investigators, service providers, partners and reinsurers;
- regulatory and law enforcement agencies;
- the trustee and administrator of my superannuation fund; and
- other third parties assisting with the investigation, assessment and management of my claim.

I also authorise AIA Australia to contact me directly to obtain personal and sensitive information in the course of investigating, assessing and managing my claim.

AUTHORITY TO OBTAIN INFORMATION

I hereby authorise any individual, organisation or entity within any of the above categories (a to h) that holds my personal and sensitive information to release that information to AIA Australia Limited on request, for the purpose of investigating, assessing and managing my claim.

I hereby authorise any medical practitioner, medical provider, health professional, hospital, dentist or other person who has attended me, to release to AIA Australia Limited or its representatives all information with respect to any sickness or injury, medical history, consultations, prescriptions, or treatment and copies of all hospital or medical records.

I authorise any previous and my current employer to provide AIA Australia Limited with details of my employment and pay history.

I agree that a copy of this authorisation shall be considered as effective and valid as the original.

Name (please print)	Claimant's signature	Date
	X	/ /



Privacy

This section summarises key information in of the AIA Australia Privacy Policy, which may be updated from time to time. For further information, please review the most up to date full version of the AIA Australia Privacy Policy on AIA Australia's website at www.aia.com.au.

AIA Australia Limited is part of the AIA Group. Your privacy is important to us and AIA Australia Limited is bound by the privacy principles which apply to private sector organisations under the Privacy Act, and other laws which protect your privacy. AIA Australia Limited, AIA Financial Services Limited, AIA Group and their related bodies corporate and joint venture partners (together referred to as "AIA Australia", "we", "us" and "our") provide you the following notification and information about our Privacy Policy and your rights.

Why we collect personal information

We collect, use and disclose personal information (including sensitive information) for purposes set out in our Privacy Policy, including to process your applications, enquiries and requests in relation to insurance and other products, for underwriting and reinsurance purposes, to administer, assess and manage your insurance and other products, including claims, and to provide, manage and improve our products and services. We may not be able to do these things without your personal information. We may also collect, use and disclose personal information to understand your needs, interests and behaviour, personalise our dealings with you, to verify your identity, authority to act on behalf of a customer and personal information, maintain and update our records, manage our relationship with you, comply with local and foreign laws and regulatory requests, detect, manage and deal with improper conduct and commercial risks and for reporting and research purposes. We may also notify you of offers and other information about products or services we think may interest you. If you do not wish to receive these direct marketing communications, you may indicate this where prompted or by contacting us as set out in our Privacy Policy. If you do not wish to receive these direct marketing communications, you may indicate this where prompted or by contacting us as set out in our Privacy Policy.

How we collect, use and disclose personal information

We may collect your personal information from various sources including forms you submit and our records about your use of our products and services and dealings with us, including any telephone, email and online interactions. We may also collect your information from public sources, social media and from the parties described in our Privacy Policy. We are required or authorised to collect personal information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in our Privacy Policy. Where you provide us with personal information about someone else you must have their consent to provide their personal information to us in the manner described in our Privacy Policy.

We may collect your personal information from, and exchange your personal information with, our affiliates and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, our service providers, your representatives (including your financial adviser), the trustee and administrator of a superannuation fund, your employer or bank, health providers, partners used in our activities or business initiatives, reinsurers, insurance brokers and intermediaries, regulatory and law enforcement agencies, and other parties as described in our Privacy Policy. Parties to whom we disclose personal information may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that Australian Privacy Principle 8.1 (which relates to cross-border disclosures) will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act.

Where we provide your personal information to a third party, the third party may collect, use and disclose your personal information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

Other important information

By providing information to us or your adviser (and the licensed dealer or broker they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with us, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal information (including sensitive information) in the manner described in the most up to date version of our Privacy Policy on our website and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing personal information to us. You agree that we may not issue a separate notice each time personal information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from our website at www.aia.com.au or by contacting us on 1800 333 613 to obtain a copy. You have the right to access the personal information we hold about you, and can request the correction of your personal data if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to us using the details in the 'Contact us' section below. Our Privacy Policy provides more detail about our collection, use (including handling and storage), disclosure of personal information and how you can access and correct your personal information, make a privacy related complaint and how we will deal with that complaint, and your opt-out rights.

For the avoidance of doubt, the Privacy Policy applicable to the management and handling of personal information will be the most current version published at www.aia.com.au shall supersede and replace all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact us

If you have any questions or concerns about your personal information, please contact us as set out below:

The Compliance Manager
AIA Australia Limited
PO Box 6111
St Kilda Road Central, VIC 8008
Phone 1800 333 613



Medical Attendant's Statement Terminal Illness Benefit (Report 1)

Forming part of the Terminal Illness Benefit
Corporate Claim Form

**This Medical Attendant's Statement is to be completed by your Treating Specialist.
If there is a charge for completing this form, the payment is the responsibility of the claimant.**

Privacy

In completing this form you may be providing AIA Australia Limited with personal information (including sensitive information). This information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Privacy Policy as updated from time to time. For more information about the AIA Australia Privacy Policy (including notification) please refer to www.aia.com.au or contact 1800 333 613 to request a copy. AIA Australia may, if requested by the patient, require that you consider a request for personal and sensitive information and act accordingly.

Plan Name	<input type="text"/>	Member No. (if applicable)	<input type="text"/>
Patient's Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Patient's Address	<input type="text"/>		

1. When did you first consult the patient in relation to their condition? / /
2. What is the diagnosis?
3. On what date was the condition diagnosed? / /
4. What is the current status of the condition?
5. What treatment has been undertaken to date?
6. What treatment is planned for the future?
7. (a) Is the patient expected to live less than 12 months? Yes No
(b) What is the patient's life expectancy? months
8. Please provide the results and copies of all tests or investigations (eg. histopathology, MRI, CT scan, x-rays, etc.).

9. Please provide the name and address of other doctors or medical providers the patient has been referred to for this condition:

Name	Specialty	Address and telephone contact details
		<div style="text-align: right;">Tel: _____</div>
		<div style="text-align: right;">Tel: _____</div>
		<div style="text-align: right;">Tel: _____</div>

ADDITIONAL INFORMATION

Please provide any additional information or comments you feel are relevant to this claim.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

DECLARATION

I hereby certify that I have personally attended the above named patient and that all the information supplied by me on this form is true, correct and complete.

I confirm that I have handled, collected, used and disclosed the patient's personal and sensitive information provided with this form in accordance with privacy law.

I understand that AIA Australia may be entitled or required to provide access or a copy of my report to the patient, the patient's representatives, a conciliator, mediator, tribunal or court, or to medical specialists and other third parties, under privacy law and the AIA Australia Privacy Policy, and authorise AIA Australia to do so.

Name <i>(please print)</i>		Qualification(s)	
Signature		Date	/ /
Address			
Telephone		Facsimile	



Medical Attendant's Statement Terminal Illness Benefit (Report 2)

Forming part of the Terminal Illness Benefit
Corporate Claim Form

**This Medical Attendant's Statement is to be completed by your Treating Specialist.
If there is a charge for completing this form, the payment is the responsibility of the claimant.**

Privacy

In completing this form you may be providing AIA Australia Limited with personal information (including sensitive information). This information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Privacy Policy as updated from time to time. For more information about the AIA Australia Privacy Policy (including notification) please refer to www.aia.com.au or contact 1800 333 613 to request a copy. AIA Australia may, if requested by the patient, require that you consider a request for personal and sensitive information and act accordingly.

Plan Name	<input type="text"/>	Member No. (if applicable)	<input type="text"/>
Patient's Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Patient's Address	<input type="text"/>		

1. When did you first consult the patient in relation to their condition? / /

2. What is the diagnosis?

3. On what date was the condition diagnosed? / /

4. What is the current status of the condition?

5. What treatment has been undertaken to date?

6. What treatment is planned for the future?

7. (a) Is the patient expected to live less than 12 months? Yes No

(b) What is the patient's life expectancy? months

8. Please provide the results and copies of all tests or investigations (eg. histopathology, MRI, CT scan, x-rays, etc.).

9. Please provide the name and address of other doctors or medical providers the patient has been referred to for this condition:

Name	Specialty	Address and telephone contact details
		Tel: _____
		Tel: _____
		Tel: _____

ADDITIONAL INFORMATION

Please provide any additional information or comments you feel are relevant to this claim.

DECLARATION

I hereby certify that I have personally attended the above named patient and that all the information supplied by me on this form is true, correct and complete.

I confirm that I have handled, collected, used and disclosed the patient's personal and sensitive information provided with this form in accordance with privacy law.

I understand that AIA Australia may be entitled or required to provide access or a copy of my report to the patient, the patient's representatives, a conciliator, mediator, tribunal or court, or to medical specialists and other third parties, under privacy law and the AIA Australia Privacy Policy, and authorise AIA Australia to do so.

Name (<i>please print</i>)		Qualification(s)		
Signature			Date	/ /
Address	Postcode			
Telephone		Facsimile		