

# Replacement Labour Claim Form

## 1 Policy Owner's name and postal address

Mr/Mrs/Miss/Ms	Surname		First name(s)	
Home address				
	Town/city		Postcode	
Has your address changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mobile phone	( )
Policy number	<input type="text"/>	<input type="text"/>	Home phone	<input type="text"/>

## 2 Life Assured claim details

Mr/Mrs/Miss/Ms	Surname		First name(s)	
Home address				
	Town/city		Postcode	
Date of birth	<input type="text" value="DD/MM/YYYY"/>			
Business phone	( )		Mobile phone	( )
Email	<input type="text"/>			

## 3 Questions – (for completion by Life Assured)

(a) Details of the conditions which has resulted in this claim.

  


(b) When did you first become aware of symptoms and what they were?

  


(c) When did you first seek medical advice and/or treatment for this condition?

  


(d) Describe the nature of the disability.

  


(e) What treatment are you receiving for this condition?

  


(f) Name and address of the Registered Medical Practitioner(s) who is (are) treating you for this condition.

  


(g) Date that you ceased working fulltime as a result of your condition.

(h) If you are still totally disabled, when do you expect to resume work?

(j) If no longer totally disabled, on what date did you resume?

Full time duties

Partial or restricted duties

Hours per week

**(k) Describe your usual occupational duties.**


**(l) State names of all doctors consulted by you for this disability, including any to whom you were referred for further opinion or investigations and the date of the first attendance with each one. Also provide names and dates of any other treatment providers you have consulted.**

First seen on                      Provider

DD/MM/YYYY	
DD/MM/YYYY	
DD/MM/YYYY	
DD/MM/YYYY	
DD/MM/YYYY	

**Additional information**

**(m) Name and address of your usual doctor and the doctor holding your records if different.**


**(n) How long have you been a patient of your usual doctor?**

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**4 Declaration and consent**

This application collects personal information about you and any Life Assured for whom you are claiming under your Policy.

The intended recipient of this information is OnePath Life (NZ) Limited ("the Company") and the information collected will be held at the Head Office of the Company premises.

Failure to provide this information may result in your claim being declined or unable to be assessed. You and the Life Assured have the right to request access to and correction of your respective personal information at any time.

**Declaration**

I am the Policy Owner and hereby claim the benefit amounts payable on the basis of the statements and information provided by the Life Assured in this claim form which I believe to be accurate and complete in every respect. I understand payments approved by the Company will be forwarded to me on receipt of accounts specifying the service provided and the amount payable.

As part of a replacement labour insurance claim with the Company, I, the Life Assured, consent and give authority to the Company to seek from, and for all any of the following, their officers and employees, to disclose to the Company, its advisors, reinsurers and to any legal tribunal before which any question concerning the insurance may arise, any medical, financial or other personal information affecting such insurance which they may hold in respect of me:

- Registered Medical Practitioners and specialists;
- Dentists;
- Counsellors, psychologist and therapists;

- Government departments, agencies, organisations and enterprises;
- Hospitals (whether public or private);
- Accident Compensation Corporation;
- Insurers (whether public or private);
- Banks and financial institutions;
- Any credit rating agencies.

I agree that a photocopy of this authority will be valid as an original.

**Privacy act requirements**

- This claim form and any supplementary material which may be required in connection with this claim is a collection of personal information.
- This information will be used to; assess and administer this claim, service and administer the policy, maintain relevant statistical records and provide you with information about other products and services offered by OnePath Life (NZ) Limited.
- You are required to provide the employment information which has been requested so as to comply with your common law duty to disclose all matters material to the insurance.
- The information will be held by OnePath Life (NZ) Limited.
- Under the Privacy Act 1993 you have the right of access to, and correction of, any information provided.

Full name of Policy Owner(s)

Signature of Policy Owner(s)

Date

Full name of Life Assured

Signature of Life Assured

Date