

Business Extra Claim Form

1 Life Assured claim details

Policy number

Mr/Mrs/Miss/Ms

Home address

Postal address
(if different from above)

Home phone Business phone

Date of birth Mobile phone

Email

2 Policy Owner details

Company name

Home address

Postal address
(if different from above)

Contact person telephone:
Business phone Mobile phone

Email

3 Questions – medical

(a) What is the name of the medical condition that you are claiming for?

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

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

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

(e) State names of all providers consulted by you for this condition, including any doctors, therapists etc to whom you were referred for further opinion or investigation and that date of the first attendance with each one.

Date first seen	Doctor	Address

(f) What treatment are you undergoing for this condition?

(g) Have you ever suffered from the same or similar condition? If Yes please provide details.

Yes No

(h) Date that you were medically certified to totally cease work.

(i) Date that you were medically certified for a partial return to work and the number of hours you have been cleared to work.

4 Questions – occupational and financial

(a) What is your position in the company?

(b) Has this changed since the policy was taken out? If yes, please provide details.

Yes No

(c) Describe your usual occupational duties and the percentage of time spent on these duties.

(d) Are you able to perform any part of your normal duties since ceasing work due to your condition?

If yes, please provide details.

Yes No

(e) Have you ever been convicted of fraud or any offence involving dishonesty?

If yes, please provide details.

Yes No

5 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 Company premises.

Failure to provide this information may result in your claim being declined or unable to be assessed. You and any 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 business extra insurance claim with the Company, I, the Life Assured, consent and give authority to the Company to seek from, and for all and any of the following, their officers and employees, to disclose to the Company, its advisers, reinsurers and to any legal tribunal before which any question concerning the insurance may arise, any employment, medical, financial or other personal information affecting such insurance which they may hold in respect of me:

- Registered Medical Practitioners and specialists.
- Employers.
- Dentists.

- Counsellors, psychologists and therapists;
- Government departments, agencies, organisations and enterprises.
- Hospitals (whether public or private).
- Accident Compensation Corporation.
- Insurers (whether public or private).

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 rights 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

OnePath Life (NZ) Limited (OnePath)

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