

Claim form for unemployed benefit



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

GPO Box 1276 Sydney 2001 Freecall: 1800 226 122

Checklist

Prior to forwarding your claim to the address above, please ensure you have:

Answered all the questions

Provided with this claim form a copy of your employment separation certificate or any other documentation submitted to Centrelink or your job network agency

Had Centrelink or your job network agency complete the relevant section

Completed all declarations on page 3

Signed and dated the claim form

Please be advised that we will be unable to assess your claim if all requested information is not provided.

Privacy of information

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Personal details

Full name Mr/Mrs/Miss/Ms/other		Date of birth (dd/mm/yyyy)	
Address		Postcode	
Complete telephone No.	()	Policy No.	
Name of financial institution		Membership No.	

Last employment details

Name and address of last employer		Postcode				
Telephone No.	()	Date last worked (dd/mm/yyyy)		How long with that employer?		
Employed from (dd/mm/yyyy)		to (dd/mm/yyyy)				
Occupation prior to becoming unemployed						
How long in that occupation?		years		months		
When did you first learn you were to become unemployed? (dd/mm/yyyy)						
Nature of employment:	Permanent	Part-time	Contract	Seasonal	Casual	Other
If 'other', please provide details						
On average, how many hours per week did you work?						
Reason for leaving job	Dismissed	Retrenched	Resigned	End of contract	End of season	Other
If 'other', please provide details						

Current employment status

On what date did you register as unemployed with Centrelink (dd/mm/yyyy)

Have you obtained alternative employment? Yes No

If 'Yes', when did/will you commence? (dd/mm/yyyy)

Unemployment certificate

To be completed by Centrelink or registered job network agency

This is to certify that				
residing at				
registered as being unemployed on	(dd/mm/yyyy)		Jobseeker No.	
Is this person still registered as unemployed?	Yes	No		
Type of benefit granted:	Newstart allowance	Parenting payment	Youth allowance	Other
If not in receipt of benefits, please advise reason				
Has a separation certificate been provided by the previous employer?	Yes	No		
If 'Yes', please provide us with a copy. If 'No', please advise what other documentation has been provided				
Signed registrar		Branch stamp	Date (dd/mm/yyyy)	

Important notes to insured

- The date of acceptance is generally the date you register as being unemployed with Centrelink. As per your policy, payments will commence following the expiry of your policy waiting period (subject to our acceptance of your claim and you complying with the policy terms and conditions).
- You must continue to actively seek employment and forward the necessary documentation to show you are currently registered with Centrelink as being unemployed. We would suggest you forward such documentation on a regular fortnightly or monthly basis.
- Please ensure you have fully completed the claim form as an incomplete claim form may cause delays in processing your claim.

Declaration and authority

This declaration must be signed by the claimant without alteration, otherwise we may not assess or accept the claim.

1. I agree that all costs incurred in obtaining evidence in relation to my claim (including the cost of obtaining information from Centrelink or any employer) will be at my own expense.
2. I declare that I have been continuously unemployed from (dd/mm/yyyy) to (dd/mm/yyyy)
3. I declare that the statements and particulars supplied by me on this form are true and correct (including those not in my own handwriting) and that I have not withheld any information relevant to this claim. I understand that I will not receive any payment if my claim is fraudulent.

Insured's name Signature X Date (dd/mm/yyyy)

Employer authority

I authorise my employer (or former employer) to provide QBE with all information and copies of documents requested by them regarding my employment. I agree that a photocopy of this authority is as valid as the original.

Insured's name Signature X Date (dd/mm/yyyy)

Centrelink authority

I authorise Centrelink to provide QBE with all information and copies of documents requested by them regarding my unemployment and any payments or benefits. I agree that a photocopy of this authority is as valid as the original.

Insured's name Signature X Date (dd/mm/yyyy)

Notes and additional information

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