

Helpful tips when lodging a claim

Claimant – superannuation fund



AIA.COM.AU

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 fund will check your details and write to you. If your claim form is completed correctly, your fund 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 fund 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, employer, 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

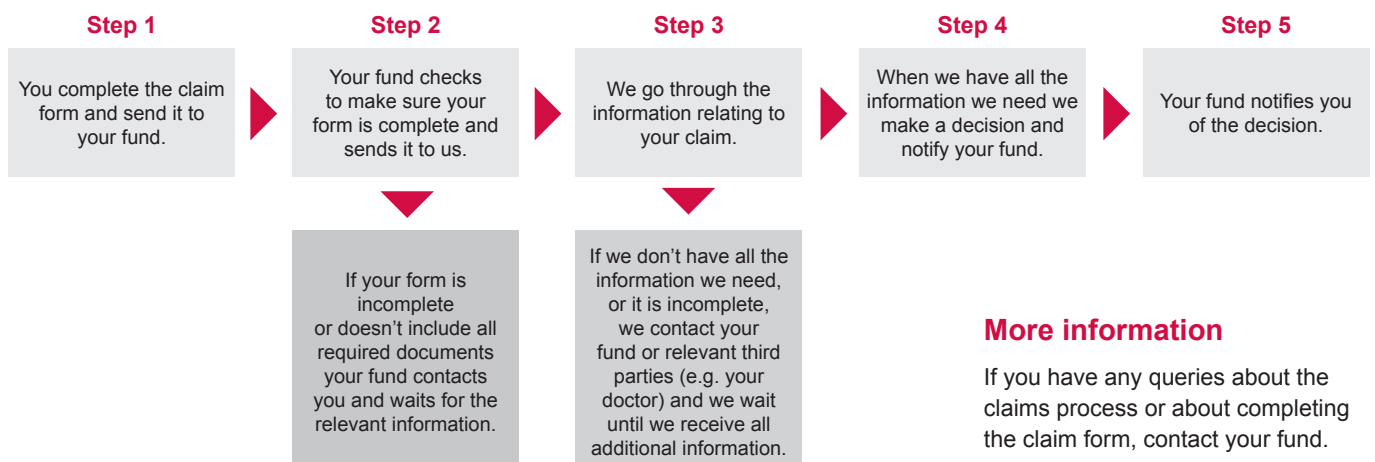
As we don't know about your circumstances, we need to ask for a lot of information to be able to make a decision about your claim. So it's important to provide as much information as possible upfront. Most delays happen when we don't get all the information we need. You can help speed up the process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



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 and employer) 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.

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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.



Member Claim Form

Terminal Illness Benefit

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

Fund Name	Fund Member No.	Policy No.
<input type="text"/>	<input type="text"/>	MP

SECTION A – Personal Details

Member Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential Address	<input type="text"/>		
			Postcode
Telephone	(home) <input type="text"/>	(work) <input type="text"/>	(mobile) <input type="text"/>
E-mail <i>(for correspondence)</i>	<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.)

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

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.

- (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.

- (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
		Tel:
		Tel:
		Tel:

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 Fund Name and Fund Member Number 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 declare that I have read and understood the Privacy Statement attached to this claim form and I consent to the collection, use and disclosure of my personal and sensitive information in the manner described in that Privacy Statement.

I confirm my consent for AIA Australia Limited or its representatives to use my personal and sensitive information to investigate, assess and manage my claim and to disclose that information to medical, or health professionals and institutions and:

- other insurers (including Workers' Compensation insurers);
- investigators;
- the ambulance service;
- AIA Australia Limited's service providers;
- statutory bodies including law enforcement agencies;
- insurance or credit reference agencies;
- financial institutions; and
- such other third parties as is necessary for that purpose.

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)	Member's signature	Date
	X	/ /



Privacy Statement

AIA Australia Limited ('AIA Australia') follows the National Privacy Principles of the Privacy Act 1988 (Cth) including the Privacy Amendment (Private Sector) Act 2000 (Cth).

AIA Australia provides you with the following information regarding its privacy procedures and your rights.

Purpose of Collection

AIA Australia collects personal information about you to:

- a. process your application(s) for insurance cover; and
- b. administer and manage your insurance cover under the policy including claims; and
- c. facilitate AIA Australia's business operations.

If you do not wish to provide AIA Australia with all or part of the personal information it requests from you, AIA Australia may not be able to provide you with insurance cover or assess and manage your claim.

Access to Your Information

You are entitled at any time to request access to your personal information held by AIA Australia. All requests should be made in writing to:

The Group Administration Manager
PO Box 6111
St Kilda Road Central VIC 8008

You can ask AIA Australia to update your personal information at any time if it is inaccurate, incomplete or out of date. In some circumstances, AIA Australia may not permit access to your personal information. Circumstances where access may be denied include where access would be unlawful or denying access is authorised by law. In these cases, AIA Australia will provide you with written reasons for denial of access or a refusal to correct personal information.

Disclosure of Your Information

AIA Australia may disclose your personal information to:

- a. the policy owner (superannuation fund trustee or employer);
- b. administrator of the policy;
- c. another member of the AIA or AIG Group of companies (whether in Australia or overseas);
- d. your adviser (if any);
- e. AIA Group contractors and third party service providers, eg. medical practitioners and reinsurers;
- f. your employer;
- g. financial institutions you nominate; and
- h. mail-houses and archive companies.

AIA Australia will only disclose your personal information to these parties for the primary purpose for which it was collected. In some circumstances, AIA Australia is entitled to disclose your personal information to third parties without your authorisation, such as law enforcement agencies or government authorities where disclosure is required by legislation, or to report illegal activities.

Any Questions or Concerns

If you have any questions or concerns about your personal information, please write to:

The Group Administration Manager
PO Box 6111
St Kilda Road Central VIC 8008

AIA Australia has established an internal dispute resolution process for handling customer complaints about company compliance with the National Privacy Principles. This dispute resolution mechanism is designed to be fair and timely to all parties and is free of charge.

If you have a complaint about AIA Australia's handling of your personal information, you should submit it in writing to the Group Administration Manager. You will receive a letter from AIA Australia within 5 working days which documents AIA Australia's complaints handling process. Your complaint will be referred to the Internal Dispute Resolution Committee at AIA Australia who will try to resolve your complaint within 45 days of receipt. Should your complaint not be resolved to your satisfaction by its internal dispute resolution process, you may take your complaint to the Privacy Commissioner. The Privacy Commissioner's contact details are:

Office of the Privacy Commissioner
PO Box 5218
Sydney NSW 2001

or call the Privacy Hotline on 1300 363 992.

For further information or to view AIA Australia's full privacy policy and procedures go to www.aia.com.au



Medical Attendant's Statement

Terminal Illness Benefit (Report 1)

Forming part of the Terminal Illness Benefit
Member Claim Form

This Medical Attendant's Statement is to be completed by your usual doctor.
If there is a charge for completing this form, the payment is the responsibility of the patient.

Fund Name Fund Member No.

Patient's Name Date of Birth / /

Patient's Address

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.).



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

Forming part of the Terminal Illness Benefit
Member 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.**

Fund Name Fund Member No.

Patient's Name Date of Birth / /

Patient's Address

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.).
