

Death Claim Form

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' and the 'Insurer')

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so, we may not be able to provide you with our products or services.

MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy, which details information about how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy

Privacy Information

MetLife recognises the importance of protecting you and your patient's personal information, and is committed to complying with its Privacy Law obligations. To find out more about how you may access or seek correction of the personal information, how we manage that information and our complaints process, please refer to the MetLife Privacy Statement, which is readily available and can be viewed at www.metlife.com.au/privacy

Claim form instructions

We want to make the claims process as easy as possible. Please complete all sections of the form.

 Section 1 - Deceased details Section 2 - Your details Section 3 - Death details Section 4 - Declaration and authority

Please note that issuing this claim form is not an admission of liability.

Section 1. Deceased details

Death Claim relating to Policy no. |

Details of Deceased

Title | Given name/s

Surname | Date of birth (dd/mm/yyyy)

Address | Suburb | State | Postcode

Section 2. Your details

Your relationship to the Deceased

Legal Personal Representative

Solicitors or Trustee representing the Estate

Other (please specify)

Title | Given name/s

Surname | Date of birth (dd/mm/yyyy)

Address | Suburb | State | Postcode

Phone no. (H) | Phone no. (W) | Mobile no.

Email

Section 4. Declaration and authority

I declare that the answers and statements made on this claim form are true and complete. I have not made any false or misleading statements. If any of the answers are not in my handwriting, I certify that I have checked them and they are correct.

I hereby declare that I am over 18 years of age and that I am legally entitled to claim the proceeds of the said policy/ies, in my capacity as * _____ of the Deceased, and hereby undertake to indemnify MetLife Insurance Limited against any loss it may incur in paying the proceeds of the policy, and that the particulars which are given in this claim form are true and correct; and

I have read and understood the Privacy Disclosure Statement contained in the section entitled 'Privacy - Use and disclosure of personal information'. I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement above and MetLife's Privacy Policy.

I understand:

- The information requested is required to enable MetLife Insurance Limited to assess and manage the claim in accordance with the terms and conditions of the policy and any associated costs will be payable by me;
- That if I do not give the information requested throughout this form, the claim may not be investigated or assessed and therefore the claim may not be payable.

Signature

Date (dd/mm/yyyy)



Name (please print)

* State here in which capacity you claim (e.g. as Legal Personal Representative of the Estate)

Please return completed form to

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or email auseservices@metlife.com
For enquiries or assistance with the completion of this form, call us on 1800 221 599
Monday to Friday 8am - 6pm AEST.

metlife.com.au

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