

Initial Information Form for Terminal Illness Claim

We want to make this process as easy as possible, so please:

- **Complete in full all 3 sections of the form.** An incomplete form will delay our review as we may need to return the form to you to complete it correctly. Use the 'Additional comments' section if you need more space to answer a question.
- **Review the checklist below** and ensure all supplementary information is provided. If you don't send this information we will be unable to complete our review. Before you start we recommend you gather the documents on the checklist to assist you with completing this form.
- It is important that you answer the questions below honestly, completely and to the best of your ability. If you are unclear on any question, please contact us. Providing misleading or incomplete answers could lead to your claim being delayed or declined.
- If you **require assistance** or further information please call 1300 555 625 or go to www.metlife.com.au and a claims expert will be made available to talk you through completion and answer questions on why the information is required and how it may be used.

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

Claim checklist and mandatory requirements

Please complete the following checklist before forwarding this form to us. Additional information specific to your claim circumstances may also be requested and detailed under the attached correspondence.

We will need the following information before we start our review:

- I have completed all sections of this form.**

- Proof of identification** - A certified copy of your passport or driver's licence.

- Any other documents** - Provide any additional documents you think might assist with your claim such as insurance or compensation reports.

- Medical reports** - Please provide copies of any medical reports, scans, referral letters or any other medical information that you have available.
Important: Please note that we cannot start the assessment of your claim until we are provided with medical information in support of your claim.

- Completed Authority** to release health information and other information from third parties - This provides us with authority to collect and use information to assess and manage your claim.

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 the form is necessary for MetLife to provide you with the products and services you have requested from MetLife, and to manage your claim. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), 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.

Section 1. 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 and have included all information relevant to the assessment of my claim. I understand that making false or misleading statements to claim insurance benefit is fraud and is a criminal offence.

In the event of a fraudulent claim MetLife reserves the right to: decline the claim, and/or cancel all cover held by the Life Insured with MetLife in accordance with the Insurance Contracts Act.

Where I have completed this declaration and authority as the Guardian/Attorney, I have attached a certified copy of the relevant legal documents (e.g. Power of Attorney). If any of the answers have not been completed by myself, I certify that I have checked them and they are correct.

I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.

Section 1. Declaration and authority (continued)

I understand and agree that if I do not give the information requested by MetLife or its representative, MetLife may not be able to assess, investigate or pay my claim.

Signature



Date (dd/mm/yyyy)

Full name (please print)

Section 2. Personal details

Policy number/fund member number (if applicable)

Title	Given name(s)		
Surname	Previous name(s)		
Address	Suburb	State	Postcode
Preferred contact number	Email		
Gender	Date of birth (dd/mm/yyyy)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate, Intersex, Unspecified	

Section 3. Medical details

1. When did you first experience symptoms of the medical condition (dd/mm/yyyy)?

/ /

2. When did you first consult a doctor about your condition (dd/mm/yyyy)?

/ /

3. Provide the details of all medical practitioners, including allied health professionals, treating you for this/these condition(s). Please attach copies of any letters or referrals you have available.

Doctor's name	Doctor's address, phone number and email	Specialty	Date first consulted	Date last consulted	Usual Doctor (Yes/No)
			/ /	/ /	
			/ /	/ /	
			/ /	/ /	

Information from other parties or MetLife

Supporting information from other entities, third parties or MetLife, includes any information held about you, including reports, that relates to MetLife's administration of the policy/plan, including your claim. This information is required to enable MetLife to assess and manage your claim in accordance with the Terms and Conditions of your policy/group life cover.

Authority 3 explanatory notes – through this authority, you are consenting to the parties listed in the authority releasing a copy of any information they may hold about you concerning your claim, for example:

- producing a report;
- supplying MetLife with full particulars of any and all claims you have made for benefits in the event of your sickness and/or injury including copies of evidence they hold; and
- releasing your correspondence with MetLife to your accountant, financial adviser/planner, fund trustee/fund administrator, in order for them to supply MetLife with the requested particulars.

Any information released to MetLife as a result of this authority will be used to assess and manage your claim(s) with MetLife, and we will tell you each time we use your consent.

If you choose to withhold your consent to this authority, we may not be able to process your application for a claim.

A photocopy of this authority is as valid as the original.

Authority 1 - to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **MetLife**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **MetLife** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **MetLife** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **MetLife** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature

Date (dd/mm/yyyy)



Full name (please print)

Authority 2 - to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **MetLife**, or to third parties they engage, only if **MetLife** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to the following:

- **MetLife** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **MetLife** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature

Date (dd/mm/yyyy)



Full name (please print)

Authority 3 - to release other information

I authorise the parties listed below to release to **MetLife** any information held about me (including their reports) which relates to the administration of my **MetLife** policy/plan, including this claim.

- Any claims assessor, investigator, insurance reference service, credit reference service, financial institution, legal or accounting firm, auditor, employer, consultant or reinsurer.
- Any benefit provider such as other insurers or Government Departments (including Workers' Compensation, Centrelink or similar benefit providers) that provide benefits in the event of my sickness and/or injury.
- My accountant, financial adviser/planner, fund trustee/fund administrator including but not limited to providing my accountant, financial adviser/planner, fund trustee/fund administrator with copies of all correspondence (which may include personal and sensitive information) between **MetLife** and myself in respect of the claim in order for the nominated party to supply **MetLife** with the requested particulars.

I agree to the following:

- My information can be released in the form **MetLife** asks for, such as a general report, correspondence, full particulars of any and all claims I have made for benefits in the event of my sickness and/or injury including copies of evidence they hold.
- My Financial Adviser/Fund Trustee/Fund Administrator can make enquires regarding the progress of the claim for the purpose of providing me with ongoing service.
- **MetLife** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **MetLife** is assessing my claim or is verifying disclosures I made in connection with the cover.
- Any information released to **MetLife** under this Authority, or any previous authorities I have signed, will be used in assessing my claim(s) with **MetLife**.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature

Date (dd/mm/yyyy)



Full name (please print)

Please return the completed form to

Claims Department, MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001
or email auservices@metlife.com

For assistance with the completion of this form, please call us on 1300 555 625
Monday to Friday 8am - 6pm AEST.

metlife.com.au

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MetLife Insurance Limited | Level 9, 2 Park Street, Sydney | NSW 2000

ABN 75 004 274 882 AFSL NO. 238 096

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