

# Loan Insurance Unemployment Claim Form

Mark boxes with  where appropriate, otherwise use block letters. Leave a box between words.

## Loan Insurance Unemployment Claim Form relating to:

Policy No.

### Section 1. Personal details

Title  Male  Female  Surname

Given names

Address

Suburb  State  Postcode

Phone No.  (  ) Mobile No.  Date of birth  /  /

### Section 2. Loan details

Loan account No.  Monthly loan instalment  \$  .  Due on  /  /

Financial institution

Financial institution address

Suburb  State  Postcode

### Section 3. Employment details

Employer name

Employer address

Suburb  State  Postcode

Occupation



## Section 5. Declaration and authority

I declare that the answers and statement made on this claim form are true and complete. I have not made any false or misleading statement and I have included all information relevant to the assessment of my claim.

If any of the answers are not in my handwriting I certify that I have checked them and they are correct.

I hereby authorise MetLife Insurance Limited (MetLife), or any person duly authorised by MetLife to disclose my personal information (which may include sensitive or health information) to the following nominated parties. I further consent to the nominated parties collecting information about me and releasing to MetLife any information they may hold about me (including their report) which relates to MetLife's administration of the policy/plan, including this claim.

- Any physician, hospital or any other healthcare provider who has attended or examined me in order for them to supply MetLife with full particulars of my medical history including copies of all hospital or medical records, referral letters, reports and details of any clinical notes that have been made.
- Any claims assessor, investigator, medical professional, healthcare provider, insurance reference service, credit reference service, financial institution, legal or accounting firm, auditor, employer, consultant or reinsurer in order for the nominated party to produce a report concerning my claim.
- 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 I authorise for the nominated party to supply MetLife with 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.

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

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

Signature

Name

Date



Please attach copies of any medical reports, medical certificates or test results you may have in your possession.

Please return this form and any attachments to:

Insurance Claims  
GPO Box 3319  
Sydney NSW 2001

### have you met life today?

For Client Services call

**1300 134 669**

Monday to Friday 8.00am to 6.00pm EST

## MetLife®

**MetLife Insurance Limited**

Level 9, 2 Park Street, Sydney NSW 2000

ABN 75 004 274 882

AFSL No. 238096

[www.metlife.com.au](http://www.metlife.com.au)

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