



Income Protection Initial Claim Form

Important: please make sure you've answered all questions. If all questions are not answered, your claim may be delayed as the form may be returned. Please use BLOCK letters and dark ink when completing this form and ensure that it is signed and dated.
Please return the fully completed form to AIA Australia at au.retail.claims@aia.com

Declaration

DECLARATION

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 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.

Name of Life Insured Signature of Life Insured Date

Adviser Access to Your Claim Information

If you choose so, your financial adviser can assist you through the claims process. They can pass on information to us as supplied by you and monitor the progress of your claim. The information we require will include personal information, including details relating to past or present occupations, medical conditions, illness, or injury.

If you do not wish your adviser to assist in facilitating information about your claim, including the ability to access information supplied in relation to your claim, please acknowledge this by selecting the option below.

I do not want my adviser to access details relating to this claim.

SECTION A – Personal Details

1. Policy Number(s):

2. Personal Details:

Title: Surname: First name(s):

Gender: Male Female Date of birth (dd/mm/yyyy): / / Height (cm): Weight (kg):

3. Current residential address:

4. Contact numbers: Home number: Mobile number:

5. Email address:

6. Do you speak any languages other than English? No Yes

If 'Yes', language(s) spoken:

7. Do you require an interpreter to assist for the purposes of your claim? No Yes

8. Do you have a current Australian driver's license or provisional license? No Yes

Please list any other licenses or specialised tickets you have obtained:

SECTION B – Claimed Condition

9. What is the main condition(s) causing you to claim?

Please indicate whether your condition(s) resulted from an Injury or Illness:

Injury Illness

If Injury, please refer to question 10.

If Illness, please refer to question 11.

10. If the condition(s) resulted from an Injury, please complete the below information:

1. Date, address and how Injury occurred:	
2. Details on Injury sustained:	
3. Current treatment plan (including medications, planned surgeries and or investigations):	

11. If the condition(s) resulted from an Illness, please complete the below information:

1: Details of condition (including symptoms and date of onset):	
2. Date of diagnosis:	<input style="width: 100px; height: 20px;" type="text" value="/ /"/>
3. Is your condition related in any way to your occupation?	
4. Current treatment plan (including medications, planned surgeries and or investigations):	

12. Have you ever previously suffered from the same or similar condition? No Yes

If 'Yes', please provide details including the date, name, and contact details of the treating doctor at the time:

13. On what date did you first cease all work due to your injury or illness (dd/mm/yyyy)?

/ /

14. Prior to this date, did you reduce your working hours or alter the duties of your occupation due to your injury or illness? No Yes

If 'Yes', please provide details of reduced hours or restricted duties, and the date this commenced from.

(Please be advised a further detailed breakdown of duties and capacity will be required under Question 35):

15. When did you first consult a doctor in relation to your current condition (dd/mm/yyyy)?

Please provide name and contact details of doctor (phone and address):

16. Were you advised by a treating doctor to reduce your hours or modify your duties? No Yes

If 'Yes', please provide details of the doctor you attended (if different than previously listed), including their contact details (phone and address):

17. Are you still unable to work as a result of the injury or illness? No Yes

If 'No', when did you return to work and are you performing your usual duties or alternative duties?

Date (dd/mm/yyyy)

Details on duties being performed:

If 'Yes', when are you expected to return to some or all of your usual duties?

Return to some duties:	AND/OR	Return to all duties:	OR	Unsure	AND/OR	Never
Date (dd/mm/yyyy)		Date (dd/mm/yyyy)		<input type="checkbox"/>		<input type="checkbox"/>
<input style="width: 144px; border: 1px solid black;" type="text" value="/ /"/>		<input style="width: 144px; border: 1px solid black;" type="text" value="/ /"/>				

18. Please provide the names and addresses of other doctors, health professionals, or hospitals you have consulted for this injury/illness (only complete if details haven't already been previously provided):

Name	Address	Last consult (dd/mm/yyyy)

19. Do you have a return-to-work plan, or have you discussed one with your doctor (or, if applicable, your employer)? No Yes
 If 'Yes', please describe your understanding of any barriers to commencing a return-to-work plan. Describe the outcome of conversations with your doctor and employer, including whether work from home or other arrangements to support your recovery may be possible.

20. Do you have any other current health problems or medical conditions which may be a barrier to your recovery and returning to work? No Yes

If 'Yes', please provide details including the health problem(s) or condition(s) and date of onset, date of diagnosis, and any treatment (including medications) that you have received:

Health problem/condition

	Onset date (dd/mm/yyyy)	Diagnosis date (dd/mm/yyyy)	Last treatment date (dd/mm/yyyy)
	/ /	/ /	/ /
Any medications?			
Medical Practitioner			
	/ /	/ /	/ /
Any medications?			
Medical Practitioner			
	/ /	/ /	/ /
Any medications?			
Medical Practitioner			

SECTION C – Employment Details

21. What occupation were you performing immediately prior to you becoming disabled due to injury or illness?

22. What was your employment status?

Full-time Part-time Casual Contractor Home Duties Student Unemployed

23. What were the average days and hours you worked per week prior to your disability?

days per week AND hours per week

24. Are you self-employed (working for payment or reward in a business or enterprise you own, including sole trader/partnership/company/trust) or employed?

Self-employed OR/AND Employed

If self-employed, please go to question 25.

If employed, please go to question 30.

25. Please provide the following:

Business name

ABN/ACN

Business Structure (sole trader/company/partnership/trust)

Business address

26. What is the number of employees employed by your business?

Permanent full-time Permanent part-time Casual/Contractor/Seasonal

27. Is your business continuing to operate? No Yes

Please provide details as to what has occurred to the business since your injury or illness?

(e.g. Have you hired any support? Are you selling the business? Or business partners are managing)

28. If you are in a partnership or trust, please provide additional details of the partnership agreement including:

Name of Partnership/Trust:

Total numbers of partners
(if applicable):

Your percentage of share
in the business:

 %

Your percentage of share
of the revenue and expenses:

 %

Will this change/or has this changed since you ceased/reduced work?

29. What was the gross income you generated and received from your business due to your personal exertion or activities, less your share of necessarily incurred expenses, for the 12 months prior to your disability?

\$

If self-employed, please proceed to Question 35.

30. Please provide the details below:

Employer's business name	Employer's address	Employer's contact details including name and phone number

31. For the past 12 months what was your total pre-tax remuneration? (Not including Employer Super Guarantee Contributions, dividends, interest, or royalties.) \$

32. Are you able to return to your usual occupation with the same employer? No Yes

33. Please indicate whether any of the following applied to your situation immediately prior to ceasing work or lodging your claim?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Maternity leave | <input type="checkbox"/> Paternity leave | <input type="checkbox"/> Career break | <input type="checkbox"/> Unpaid leave |
| <input type="checkbox"/> Study leave | <input type="checkbox"/> Long service leave | <input type="checkbox"/> Leave without pay | <input type="checkbox"/> Sabbatical leave |
| <input type="checkbox"/> Redundancy termination or unemployment | <input type="checkbox"/> Full-time student | <input type="checkbox"/> N/A | |

Please provide additional details including current agreements in place with your employer or reason for termination and date:

34. Are you entitled to receive sick leave for your injury/illness? No Yes

If 'Yes', what period(s) are you entitled to and how much sick leave have you, or are you entitled to receive?

35. Please provide below details of the duties you performed in your occupation which are important or essential in producing your Income and whether your capacity to perform these duties has been impacted by your injury/illness:

Important or essential duties in producing your Income	Time spent performing this duty on a daily basis	Number of working days per week this duty is performed	Where this duty is performed (e.g. office, home, building site, factory, underground, outdoors, vehicle, etc.)	Capacity to perform this duty after first ceasing work	Current capacity to perform this duty
				<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted	<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted
				<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted	<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted
				<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted	<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted
				<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted	<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted

Duties	Time spent performing this duty on a daily basis	Number of working days per week this duty is performed	Where this duty is performed (e.g. office, home, building site, factory, underground, outdoors, vehicle, etc.)	Capacity to perform this duty after first ceasing work	Current capacity to perform this duty
				<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted	<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted
				<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted	<input type="checkbox"/> No Capacity <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted

36. Are you receiving, intending to claim, or eligible to claim any other benefits for this disability? No Yes

If 'Yes', please complete the below table:

	Workers' compensation	Centrelink benefits	Other insurance benefits
Claim Number			
Insurer or Organisation			
Benefit Amount	\$	\$	\$
If eligible, frequency (weekly/fortnightly)			
Contact details (phone number and email address)			

37. Describe any impacts your condition has had on your ability to perform household duties, past times, hobbies, volunteer or secondary work:

CONSENT

I have read and consent to the handling, collection, use, and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the Privacy Policy on the AIA Australia website www.aia.com.au as updated from time to time, including (without limitation) for the purposes of investigation, assessment and management of my claim and related purposes, and the collection and exchange of my personal and sensitive information from and with the following (where relevant):

- a. the life insured, policy owner or beneficiaries of my insurance policy
- b. my representatives (including my financial adviser), employer, and financial institution
- c. other insurers (including workers' compensation insurers), insurance brokers and intermediaries, and insurance and credit reference agencies
- d. medical and health providers, including the ambulance service
- e. AIA Australia's investigators, service providers, partners, and reinsurers
- f. regulatory and law enforcement agencies
- g. the trustee and administrator of my superannuation fund, and
- h. other third parties assisting with the investigation, assessment, and management of my claim.

I authorise my previous and current employer to provide AIA Australia Limited details of my employment history.

I agree that a copy of this authorisation shall be considered as effective and valid as the original.

Name of Life Insured	Signature of Life Insured	Date
<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>

AUTHORITY TO OBTAIN INFORMATION

I hereby authorise any insurer or other institution to release to AIA Australia Limited or its representatives all information which AIA Australia Limited requests for the purpose of assessing or investigating my claim.

I agree that a copy of this authorisation shall be as effective and valid as the original.

Name of Life Insured	Signature of Life Insured	Date
<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>

ACCOUNTANT/FINANCIAL ADVISER AUTHORITY

I hereby authorise my previous and current accountant/financial adviser to release to AIA Australia Limited or its representatives all information which AIA Australia Limited requests for the purpose of assessing or investigating my claim.

I agree that a copy of this authorisation shall be as effective and valid as the original.

Name of Life Insured	Signature of Life Insured	Date
<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>

Authority to Release Health Information

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history, and lifestyle. Health providers cannot release this information about you without your consent.

We, AIA Australia, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition
- accessing and releasing your records in SafeScript
- releasing your hospital patient notes
- releasing the results of any investigations they have done, and/or
- releasing correspondence with other health providers.

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 AIA Australia, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form AIA Australia 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.
- AIA Australia 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 AIA Australia 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.

Name:

Signature:

Date:

Authority 2

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing, and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above. If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

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 AIA Australia, or to third parties they engage, only if AIA Australia 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 all the following:

- AIA Australia 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 AIA Australia 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.

Name:

Signature:

Date:

- I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.

This section summarises key information about how AIA Australia handles personal information, including sensitive information. For further information, please review the most up to date full version of the AIA Australia Group Privacy Policy on AIA Australia's website at www.aia.com.au, as updated from time to time (AIA Australia Privacy Policy).

Your privacy is important to us, and AIA Australia, and we are both bound by the Privacy Act, and other laws which protect your privacy. AIA Australia Group consists of AIA Australia Limited, AIA Financial Services Limited, The Colonial Mutual Life Assurance Society Limited, CMLA Services, Jacques Martin Pty Ltd, Jacques Martin Administration and Consulting Pty Ltd, AIA Group, and their related bodies corporate and joint venture partners (together referred to as "AIA Australia", "we", "us" and "our"). Together, we provide you the following notification and information about AIA Australia's Privacy Policy and your rights.

Why AIA Australia collects Personal Information

AIA Australia collects, uses, and discloses personal and sensitive information ("Personal Information") for purposes set out in the AIA Australia Privacy Policy, including to process applications for AIA Australia's products and services (including products AIA Australia distribute), to assist with enquiries and requests in relation to AIA Australia's products and services (including products AIA Australia distributes), for underwriting and reinsurance purposes, to administer, assess, and manage your products and services, including claims, to understand your needs, interests and behaviour and to personalise dealings with you, to provide, manage, and improve AIA Australia's products and services, to maintain and update AIA Australia's records, to verify your identity and/or authority to act on behalf of a customer, to detect, manage, and deal with improper conduct and commercial risks, for reporting, research, and marketing purposes, to otherwise comply with local and foreign laws and regulatory obligations, and for any other purposes outlined in AIA Australia's Privacy Policy. The reasons why AIA Australia collect, use, and disclose Personal Information may vary depending on the product, services, or other circumstances in which you have engaged with AIA Australia. Where you agree or AIA Australia is otherwise permitted by law, AIA Australia may contact you on an ongoing basis by email, phone, and otherwise, with offers and other promotional information about products or services AIA Australia think may interest you. If you do not wish to receive these direct marketing communications, you may indicate this where prompted, or by contacting AIA Australia as set out in AIA Australia's Privacy Policy.

How AIA Australia collects, uses and discloses Personal Information.

AIA Australia may collect your Personal Information from various sources, including forms you submit and AIA Australia's records about your use of AIA Australia's products and services and dealings with AIA Australia, including any telephone, email, and online interactions. AIA Australia may also collect your information from public sources, social media, and from the parties described in AIA Australia's Privacy Policy. AIA Australia is required or authorised to collect Personal Information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act, and other laws set out in AIA Australia's Privacy Policy. Where you provide AIA Australia with Personal Information about someone else, you must have their consent to provide their Personal Information to AIA Australia in the manner described in AIA Australia's Privacy Policy.

AIA Australia may collect your Personal Information from, and exchange your Personal Information with, AIA Australia's related bodies corporate including without limitation, joint venture partners and third parties, including the life insured, policy owner, or beneficiaries of your insurance policy, AIA Australia service providers or contractors, your intermediaries (including without limitation, your financial adviser and the Australian Financial Service Licensee they represent, the distributor of your insurance policy, the trustee or administrator of your superannuation fund, your employer, unions of current and former staff members of AIA Australia (including contactors), medical professionals, or anyone acting on your behalf including any other representative or intermediary) ("Representatives"), your employer, bank, medical professional or health providers, partners used in AIA Australia's activities or business initiatives (including if relevant to your policy, the Commonwealth Bank of Australia), AIA Australia's distributors, clients, and reinsurers, private health insurers (including MO Health Pty Ltd), and their contractors and agents, other insurers including worker's compensation insurers, authorities and their agents, other super funds, trustees of those super funds and their agents, regulatory and law

enforcement agencies, other bodies that administer applicable industry codes, and other parties as described in AIA Australia's Privacy Policy.

Where AIA Australia provides your Personal Information to a third party, the third party may collect, use, and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

Parties to whom AIA Australia discloses Personal Information may be located in Australia, South Africa, the United States, the United Kingdom, Europe, Asia, and other countries including those set out in AIA Australia's Privacy Policy. If the Financial Services Council Life Code of Practice ("Code") applies to the insurance cover AIA Australia provides to you, AIA Australia will comply with the Code when AIA Australia collects, uses, and discloses your Personal Information.

Other important information

By providing information to AIA Australia or your Representatives, the trustee or administrator of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with AIA Australia directly or via an intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure, and handling of Personal Information in the manner described in AIA Australia's Privacy Policy on AIA Australia's website as updated from time to time, and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing Personal Information to AIA Australia. You agree that AIA Australia may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from AIA Australia's website at www.aia.com.au, or by contacting AIA Australia on 1800 333 613 to obtain a copy. You have the right to access the Personal Information AIA Australia holds about you, and can request the correction of your Personal Information if it is inaccurate, incomplete, or out of date. Requests for access or correction can be directed to AIA Australia using the details in the 'Contact AIA Australia' section below. AIA Australia's Privacy Policy provides more detail about AIA Australia's collection, use (including handling and storage), disclosure of Personal Information, and how you can access and correct your Personal Information, make a privacy related complaint and how AIA Australia will deal with that complaint, and your opt-out rights. Always ensure you are reviewing the most up-to-date version of AIA Australia's Privacy Policy as published on AIA Australia's website.

For the avoidance of doubt, the AIA Australia Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at www.aia.com.au, which shall supersede and replace all previous AIA Australia Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, websites and applications, underwriting and claim forms, Product Disclosure Statements, and other insurance and disclosure statements and documentation.

Contact AIA Australia

If you have any questions or concerns about your Personal Information, please contact AIA Australia as set out below:

The Compliance Manager
AIA Australia Limited
PO Box 6111
Melbourne VIC 3004
Phone 1800 333 613