



Retail Incorporated Business Expenses Claim Form

Statement by LIFE INSURED. All questions MUST be answered fully.

Name of Life Insured	<input type="text"/>	Policy Number	<input type="text"/>
Residential Address	<input type="text"/>		
	Postcode <input type="text"/>		
Postal Address	<input type="text"/>		
	Postcode <input type="text"/>		
Telephone	(home) <input type="text"/>	(business) <input type="text"/>	(mobile) <input type="text"/>
E-mail (for correspondence)	<input type="text"/>		
Do you hold citizenship(s) other than an Australian citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes', please advise your other country of citizenship(s) <input type="text"/>			

1. Full name and address details of the business.

2. Structure of business ☐ Partnership ☐ Company

3. Number of Employees Full time Part time

Details of ALL Employees Name	Occupation/Duties	Monthly Remuneration
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Number of Partners

Details of ALL Partners Name	% interest in business
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. What percentage of interest/shareholding do you have in the business/practice? %

6. What is your percentage of the monthly income of the business derived from your trading? %

7. What percentage of the monthly business expenses are you responsible for/liable to pay? %

8. Whilst you are/were disabled will/did you:
- ☐ Temporarily suspend your business?
- ☐ Instruct your employees to continue the business?
- ☐ Employ a replacement locum?
- ☐ Other – please specify

9. Please state the dates that you have you been unable to perform one or more of the duties of your occupation that is important or essential in producing income, and have not been working.

from / / to / /

10. (a) Have you returned to work?
☐ Yes – Please continue to question 10(b)
☐ No – Please continue to question 11
- (b) In what working capacity have you returned to work? ☐ Full time ☐ Part time
- (c) Date returned to work.
- (d) (i) How many hours a week are you working?
- (ii) If you are now working more than 10 hours a week, please advise the date you commenced working 10 hours or more per week.
- (e) What duties have you been performing?
- (f) Please continue to question 11.
11. (a) Are you able to perform the important income producing duties of your usual occupation for more than 10 hours a week?
☐ Yes – Please continue to question 11(b)
☐ No – Please continue to question 12
- (b) **Please attach a Profit & Loss Statement for the business since the date you returned to work for more than 10 hours per week or were able to perform the important income producing duties of your occupation for more than 10 hours per week. The Profit and Loss Statement is to reflect a breakdown of the gross income and the amount of your monthly business expenses incurred.**
Please ensure you highlight the gross income and incurred business expenses associated with the cost of employing a Locum and the gross income and incurred business expenses (e.g. payroll tax, superannuation, FBT) of you and any income generating employees of the business.
For relatives employed in the business, please provide their date of commencement in addition to their salary (and other related costs including payroll tax, superannuation, FBT).
Please attach copies/details of business expenses incurred during the disablement period for those expenses covered under the Policy.
(Please note that personal remuneration including commissions or bonuses, mortgage principal, depreciation on real estate, cost of goods, wares and merchandise, equipment, fixtures, salaries and other related costs of revenue producing employees are not covered under the Policy.)
- (c) Please state the gross income of the business (business turnover) that you were actually generating since the date you returned to work for more than 10 hours per week. \$
- (d) Please continue to question 12.
12. Please state whether any of the covered business expenses incurred, whilst you were either totally/partially disabled, can be reimbursed from any other source. ☐ Yes ☐ No
If 'Yes', please provide details including the dollar amount.

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 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 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):

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

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

Name of Life Insured (please print)

Signature of Life Insured

Date



Privacy

This section summarises key information in the AIA Australia Privacy Policy, which may be updated from time to time. For further information, please review the most up to date full version of the AIA Australia Privacy Policy on AIA Australia's website at www.aia.com.au.

AIA Australia Limited is part of the AIA Group. Your privacy is important to us and AIA Australia Limited is bound by the privacy principles which apply to private sector organisations under the Privacy Act, and other laws which protect your privacy. AIA Australia Limited, AIA Financial Services Limited, AIA Group and their related bodies corporate and joint venture partners (together referred to as "AIA Australia", "we", "us" and "our") provide you the following notification and information about our Privacy Policy and your rights.

Why we collect personal information

We collect, use and disclose personal information (including sensitive information) for purposes set out in our Privacy Policy, including to process your applications, enquiries and requests in relation to insurance and other products, for underwriting and reinsurance purposes, to administer, assess and manage your insurance and other products, including claims, and to provide, manage and improve our products and services. We may not be able to do these things without your personal information. We may also collect, use and disclose personal information to understand your needs, interests and behaviour, personalise our dealings with you, to verify your identity, authority to act on behalf of a customer and personal information, maintain and update our records, manage our relationship with you, comply with local and foreign laws and regulatory requests, detect, manage and deal with improper conduct and commercial risks and for reporting and research purposes. Where you agree or we are otherwise permitted by law, we may also notify you of offers and other information about products or services we think may interest you. If you do not wish to receive these direct marketing communications, you may indicate this where prompted or by contacting us as set out in our Privacy Policy.

How we collect, use and disclose personal information

We may collect your personal information from various sources including forms you submit and our records about your use of our products and services and dealings with us, including any telephone, email and online interactions. We may also collect your information from public sources, social media and from the parties described in our Privacy Policy. We are 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 our Privacy Policy. Where you provide us with personal information about someone else, you must have their consent to provide their personal information to us in the manner described in our Privacy Policy.

We may collect your personal information from, and exchange your personal information with, our affiliates and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, our service providers, your representatives (including your financial adviser), the trustee and administrator of a superannuation fund, your employer or bank, health providers, partners used in our activities or business initiatives, reinsurers, insurance brokers and intermediaries, regulatory and law enforcement agencies, and other parties as described in our Privacy Policy. Parties to whom we disclose personal information may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that Australian Privacy Principle 8.1 (which relates to cross-border disclosures) will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act.

Where we provide 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.

Other important information

By providing information to us or your adviser (and the licensed dealer or broker they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with us, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal information (including sensitive information) in the manner described in the most up to date version of our Privacy Policy on our website and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing personal information to us. You agree that we 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 our website at www.aia.com.au or by contacting us on 1800 333 613 to obtain a copy. You have the right to access the personal information we hold about you, and can request the correction of your personal data if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to us using the details in the 'Contact us' section below. Our Privacy Policy provides more detail about our 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 we will deal with that complaint, and your opt-out rights.

For the avoidance of doubt, the Privacy Policy applicable to the management and handling of personal information will be the most current version published at www.aia.com.au shall supersede and replace all previous 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, applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact us

If you have any questions or concerns about your personal information, please contact us as set out below:

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