

Life benefit and Accidental Death benefit

Privacy Statement

Let's Insure collects personal information so that we can process and administer this claim on behalf of the insurer St Andrew's Life Insurance Pty Ltd (St Andrew's). Without your information we will not be able to process and administer this claim. The completed claim information will then be sent to St Andrew's to assess the claim. If they require any further information, they will contact you directly or through us. If you have any queries in relation to your claim, please contact Let's Insure in the first instance.

If you provide us with personal information about someone else (not including the deceased), you should ensure that you are authorised to do so and agree to inform that person of the contents of this notice.

We exchange your personal information with organisations in the normal operation of our business, for example, with our related companies and agents, coinsurers, reinsurers and with service providers (such as professional advisors, IT support and mailing houses). In relation to your claim, your information may also be exchanged with other parties including ex-employers, government agencies, financiers, insurers, underwriters, claims investigators, other insurance companies, lawyers, recovery agents, hospitals, doctors, medical specialists or other health professionals. We do not send your personal information offshore.

By providing this information you consent to us collecting, using and disclosing information about you in the manner described above.

You also specifically consent to St Andrew's being provided with medical information, including copies of any medical reports, clinical reports or others, from any Doctor who at any time has attended to you or the insured.

The following Privacy Policies contain information about how you can have access to your personal information and seek the correction of your personal information, and how you can complain about a breach of the privacy laws that bind us and how your complaint will be handled.

The St Andrew's Privacy Policy (also applicable to St Andrew's Australia Services Pty Ltd) is available at www.standrews.com.au. If you have any query in relation to your privacy please contact St Andrew's on 1300 363 159, standrews@standrews.com.au or PO Box 7395, Cloisters Square WA 6850.

The Let's Insure Privacy Policy is available at www.letsinsure.com.au. If you have any query in relation to your privacy please contact Let's Insure:

Phone: 1300 355 355 (Mon - Fri, 9am - 5pm AEST)

Email: customerservice@letsinsure.com.au

Mail: Customer Service; Let's Insure PO Box 1192, Chatswood NSW 2057

Completion instructions

Step 1: As the Policy Owner (or Claimant if the Policy Owner is deceased), you should first check your most recent policy schedule to make sure that the Life Cover and/or Accidental Death Cover is in place and current for the deceased Life Insured.

Step 2: Then complete **Parts A to H**. If you cannot locate the most recent policy schedule and/or are unsure who the nominated beneficiaries are, please call us for assistance.

Step 3: Then send the completed form back to Let's Insure, together with the documentation listed in **Part D**.

Part A: Policy details

Policy Owner:

Policy number:

Address:

Suburb:

State:

Postcode:

Phone (H):

Phone (W):

Phone (M):

Email:

Part B: Claimant's details

Please tick the relevant box. I am the:

Policy Owner

Nominated beneficiary

Relative

Executor

Other

Title:

First name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone (H):

Phone (W):

Phone (M):

Email:

Please indicate your preferred method of communication with an asterisk (*)

Part C: Deceased's details

First name:

Surname:

Date of birth:

 / /

Date of death:

 / /

Cause and circumstances of death:

Part D: Required documentation

Please tick the boxes to confirm you have submitted all the required documents to us.

- A CERTIFIED COPY of evidence of death (eg. Death Certificate or Coroner's Report)
- A CERTIFIED COPY of the claimant's identity (eg. Birth Certificate or Driver's Licence)
- A CERTIFIED COPY of your relationship to the deceased (eg. Birth Certificate or Marriage Certificate)
- A CERTIFIED COPY of your legal authority, under Part E below

What is a certified copy?

This is a signed photocopy of an original document. The person signing it must see the original and the photocopy. It can be signed by a Justice of the Peace, accountant, solicitor, doctor, bank manager or police officer. It means you keep the original as we do not require it.

Part E: Authority to Release Information

I, (insert your full name)

as Executor / Administrator / Guardian / Other (if other please state)

of (insert the deceased's name)

hereby authorise any physician, clinic, hospital, institution or Insurance Company to supply upon request to St Andrew's, on a confidential basis all details of any medical test, treatment or history that it may reasonably request.

A photocopy of this declaration shall be as valid an authority as the original.

NOTE: This authority is to be completed by the Executor / Administrator / Guardian / Other and a certified copy of the relevant legal documents must be provided, (eg. Will, Letter of Administration or Power of Attorney).

Claimant's signature:

Date:

 / /

Part F: Deceased's doctor's details

Doctor's name:

Address:

Suburb:

State:

Postcode:

Phone:

Period of time when attending this doctor:

From:

/ /

To:

/ /

Doctor's name:

Address:

Suburb:

State:

Postcode:

Phone:

Period of time when attending this doctor:

From:

/ /

To:

/ /

Doctor's name:

Address:

Suburb:

State:

Postcode:

Phone:

Period of time when attending this doctor:

From:

/ /

To:

/ /

Part G: Beneficiary payment authority

This section must be completed by the Policy Owner or, where the Policy Owner is deceased, by the claimant. Once the claim has been accepted the benefit will be paid to the Policy Owner. If the Policy Owner is deceased, payment will be to the nominated beneficiaries. If there are no nominated beneficiaries, payment will be by cheque to the estate of the Policy Owner. If unsure, please contact us for assistance.

Policy Owner if alive, or first nominated beneficiary:

First name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone:

Name of bank:

Name of account holder:

BSB number:

-

Account number:

Other nominated beneficiary/ies:

First name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone:

Name of bank:

Name of account holder:

BSB number:

-

Account number:

Part G: Beneficiary payment authority (continued)

First name:	Surname:	
Address:		
Suburb:	State:	Postcode:
Phone:		
Name of bank:	Name of account holder:	
BSB number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number: <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"/>	
First name:	Surname:	
Address:		
Suburb:	State:	Postcode:
Phone:		
Name of bank:	Name of account holder:	
BSB number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number: <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"/>	
First name:	Surname:	
Address:		
Suburb:	State:	Postcode:
Phone:		
Name of bank:	Name of account holder:	
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Part H: Declaration

As the Claimant I have read and carefully considered the questions on this document and all the responses are true and correct in relation to the claim.

I acknowledge that the making of a false statement may invalidate this claim, that if I fail to provide all or part of the information St Andrew's requires to assess this claim, it will not be assessed and processed.

I have read and consent to the Privacy Statement on page 1 of this form.

Claimant's signature:

Date:

 / /

Please return the completed form to Let's Insure. You can either:

1. Scan and email to claims@letsinsure.com.au (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
2. Mail to The Claims Manager, Let's Insure, PO Box 1192, Chatswood NSW 2057 (please mark the envelope as CONFIDENTIAL); or
3. Fax to 1300 361 097 (please address the cover page to The Claims Manager).