



INVOLUNTARY UNEMPLOYMENT FORM

Please complete this claim form and return to:

AU
The Claims department
Hallmark Insurance
PO Box 7395
Cloisters Square 6850

NZ
The Claims department
Hallmark Insurance
PO Box 108022
Newmarket Auckland 1146

If you have any queries regarding your claim, please contact us on AU: 1800 800 230 or NZ: 0800 220 999 or claims@hallmarkinsurance.com.au

IMPORTANT INFORMATION

1. Providing this claim form is not an admission of liability.
2. Without the information required on this form and as detailed in the cover letter, we will be unable to process your claim. This could result in a delay in making a decision on liability.
3. If you are having any difficulties completing this claim form, please contact us on the number or email noted above.
4. If you do not complete all relevant sections of your claim form we may have to return it to you to be fully completed and your claim may be delayed. If any question is not relevant to your circumstances please write N/A.
5. It may be necessary during the period of your claim for an Insurance Specialist to call you.
6. It is important that you notify us of any change in circumstances during your claim at the earliest opportunity.
7. If there is not enough room within the form to provide your responses please attach any documentation/word document that will aid us in assessing your claim.

There are three parts to this form,
Insured (your) section,
Centrelink /Job Seeker section and,
Employer's section.

You may not need to complete all three sections. Please review the form carefully.



INVOLUNTARY UNEMPLOYMENT FORM

Insured to complete. If any question is not applicable to your circumstances please write N/A.

Details of Insured

1. Policy Number / Loan Number or Account Number:
2. Claim Number(s):
3. Date of Birth (dd/mm/yy):
4. Surname:
5. First Names:
6. Residential Address:
Suburb/Town: State: Postcode:
7. Phone: Home: Mobile:
8. Email:
9. Occupation prior to unemployment?
10. When did you start working with this employer?
11. How many hours per week did you work, on average, prior to becoming unemployed?
12. Were you employed continuously for at least 6 months 12 months
13. Did you have more than one job at the time you lost the job you are now claiming for? Yes No N/A
14. If yes, are you still working in that role & what is the nature of that role? Yes No N/A
15. Date ceased work (became unemployed)?
16. If applicable, did your contract or the season finish earlier than expected? Yes No N/A
17. Has the business ceased trading permanently or commenced the process to cease trading? Yes No N/A
18. Reason for unemployment?
19. Have you obtained new employment? Yes No N/A
20. If yes when did your new employment commence?
21. a) Are you entitled to claim an Input Tax Credit on this policy? Yes No N/A
In general, you can only claim an ITC if you are claiming the premiums for this policy as a business expense
b) If yes, please provide your Input Tax Credit Entitlement %

The section below is to be completed if you are/were self employed.

If you are/were an employee please have your employer complete the 'Employers Section'.

22. What date were you declared insolvent or placed into insolvency administration?.....
23. What date were you or are you going to be discharged from the above insolvency?
24. Was the above insolvency voluntary or forced? Voluntary / Forced
25. Please provide a detailed description of the reason for and circumstances under which you were declared bankrupt or started to cease trading the above occasion:



26. Please provide a detailed description of how the insolvency affected or altered your business structure, trading operation and management if you were self-employed at the time (e.g. ceased trading as a private company and started a sole trading operation; restrictions on sale of business interests by the trustee).

[Empty text box for question 26]

27. Apart from any original creditor's petition, were any legal proceedings instigated against you arising from your insolvency? Yes No N/A

28. Please provide a detailed description of the nature and outcome of the above proceedings:

[Empty text box for question 28]

29. Are any of the above legal proceedings still in progress? Yes No N/A

All claimants must complete the Authority and Declaration below.

Authority

I authorise the credit provider to provide Hallmark General Insurance Company Ltd with information about the credit account and transactions covered by my consumer credit insurance policy to manage and assess my claim.

I agree that a photocopy or a scanned, electronic copy of this authorisation shall be as effective and valid as the original.

Signature of Insured [X] Date (dd/mm/yy) [/ /]

Name of Insured [Empty text box]

Privacy Policy Statement

We collect your personal information so that we can process your claim, identify you for inquiries you may have, and tell you about our products and services. With respect to your claim, we will need to collect sensitive information related to your employment.

By providing your information, you consent to us:

- 1. collecting, using and disclosing your information in accordance with our Privacy Policy; and
2. disclosing your information to third parties (such as insurers, medical professionals and ex-employers) in relation to your claim.

Our Privacy Policy can be found at www.hallmarkinsurance.com.au, and describes how we deal with your personal information. Please refer to our Privacy Policy for how you can access and correct your information, and for our complaints procedure.

You may contact our Privacy Officer on customerservice@hallmarkinsurance.com.au (and to opt-out of marketing). If you provide us with personal information about someone else, please ensure you have their consent to do so.

Declaration

I declare that the information contained in this statement is true, complete and correct in every detail. I understand that if I do not give full particulars or if I provide incorrect information, my rights to obtain benefits under the policy may be prejudiced.

Signature of Insured [X] Date (dd/mm/yy) [/ /]

Name of Insured [Empty text box]

Checklist –

Clients section (ensure all questions are answered)

Employers section (if applicable)

Centrelink section (if registered)

Hallmark Life Insurance Company Ltd ABN 87 008 446 884 AFSL 243469 and / or Hallmark General Insurance Company Ltd ABN 82 008 477 647 AFSL 243478 (collectively "Hallmark Insurance") Hallmark Insurance is part of the St Andrew's Insurance Group (incorporated in Australia and operating in Australia and New Zealand)



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 Newmarket Auckland 1146

Authorised Third Party (ATP) Confirmation - Claim

By completing this form, you authorise Hallmark General Insurance Company Ltd and Hallmark Life Insurance Company Ltd (collectively known as Hallmark Insurance) to disclose and discuss information relating to claims on your policy to the person nominated below. We will only provide information to the ATP on: claim approval, claim decline decision (not reasoning behind decision), claim wait periods, any claim information requested and/or payment amounts and schedule of payments.

You must ensure the ATP is aware of our Privacy Policy and agrees to their personal information being collected, used and disclosed accordingly. Our Privacy Policy can be found at www.hallmarkinsurance.com.au.

My personal details.

Name: _____

Signed by: _____ Date: / /

My authorised person's details.

Name: _____

Address: _____

Date of birth: / / Relationship with person named above: _____

Left blank intentionally

Can be used to write additional information or allows separation of sections to pass relevant sections to third party.



INVOLUNTARY UNEMPLOYMENT CLAIM

Centrelink Certificate (AUS) or WINZ (NZ) Job Seeker Certificate
Alternatively provide a copy of a Separation Certificate

1. Clients full name:
2. When did the client registered as unemployed: / /
3. Is the client actively seeking employment?..... Yes No N/A
4. Is the client in receipt of Unemployment Allowance?..... Yes No N/A
5. Dates benefit paid (if applicable) / /
6. Is the client in receipt of any other benefits? Yes No N/A
7. Was the client self employed? Yes No N/A
8. Are they currently satisfying all Unemployment Benefit requirements?..... Yes No N/A
If no please advise why
9. If benefits have been suspended please advise period of suspension
 / / to / /

Signature

Date (dd/mm/yy) / /

Name

Position

Name/address of company

Left blank intentionally

Can be used to write additional information or allows separation of sections to pass relevant sections to third party..



INVOLUNTARY UNEMPLOYMENT CLAIM

To be completed by employers for permanent, casual and fixed term employees. Alternatively provide a Separation Certificate or letter from employer confirming why and when employment terminated.

Employers Section

1. Employees full name
2. Occupation
3. Date employment commenced: / /
4. Number of hours worked pw: / /
5. Date last worked: / /
6. Was the employee employed on a permanent basis?
7. Has the employees contract or casual employment been renewed in the past?..... Yes No N/A
If yes please provide details (eg when first contract commenced and frequency of renewal)
8. Reason employee ceased work?
9. If Redundancy or Retrenchment what was the reason?
10. If a Redundancy was it a Voluntary Redundancy?..... Yes No N/A
If yes please provide details
11. Was the employee offered alternative employment?..... Yes No N/A
12. Was first notification of impending redundancy or retrenchment written or verbal?

Date of first notice?..... / /
13. Is employment seasonal? Yes No N/A

Signature

Date (dd/mm/yy) / /

Name

Position

Name/address of company

