

INVOLUNTARY UNEMPLOYMENT FORM

Please complete this claim form and return to:

The Claims Department
St Andrew's Australia
PO Box 7395
Cloisters Square 6850

If you have any queries regarding your claim, please contact us on 1300 653 751 or claims@standrews.com.au

IMPORTANT INFORMATION

1. The issue of this claim form is not an admission of liability
2. It is a condition of your policy that you provide a fully completed claim form as quickly as possible (within 120 days of the claim commencement date). A delay in submitting this form may prejudice your entitlement to a claim.
3. Please ensure that all questions are fully answered to avoid any delay in the handling of your claim.
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.
5. It may be necessary during the period of your claim for a company representative to call you.
6. It is important that you notify us of any change in circumstances during your claim at the earliest opportunity, such as a return to employment.
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.

INVOLUNTARY UNEMPLOYMENT FORM

Insured to complete

Details of Insured

1. Claim Number(s)
2. Date of Birth (dd/mm/yy): / /
3. Surname:
4. First Names:
5. Residential Address:
Suburb/Town:
6. Phone: Home: Mobile:
7. Email:

8. Occupation prior to unemployment?

9. How many hours per week did you work, on average, prior to becoming unemployed?

10. Date ceased work (became unemployed)? / /

11. Reason for unemployment?

12. Have you obtained new employment? Yes No

13. If yes when did your new employment commence? / /

14. a) Are you entitled to claim an Input Tax Credit on this policy? Yes No
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'.

15. What date were you declared insolvent or placed into insolvency administration? / /

16. What date were you or are you going to be discharged from the above insolvency? / /

17. Was the above insolvency voluntary or forced? Voluntary / Forced

18. Please provide a detailed description of the reason for and circumstances under which you were declared bankrupt on the above occasion:

19. 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).

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

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

22. Are any of the above legal proceedings still in progress? Yes No

All claimants must complete the Authority and Declaration below.

Authority

I authorise any employer, ex-employer, Centrelink, doctor, hospital, dentist, allied health professional insurer, other person whom I have consulted or has attended to me and other insurance companies to release to:

- St Andrews; and/or
- Its Authorised representative

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 Date (dd/mm/yy)
 Name of Insured

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 health.

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.standrews.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 1300 363 159 or standrews@standrews.com.au during normal business hours (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 Date (dd/mm/yy)
 Name of Insured

Checklist –

- Clients section (ensure all questions are answered)**
- Employers section (if applicable)**
- Centrelink section (if registered)**

Left blank intentionally.

INVOLUNTARY UNEMPLOYMENT CLAIM

Centrelink Certificate

1. Clients full name:
2. Centrelink Reference number:
3. When did the client registered as unemployed: / /
4. Is the client actively seeking employment? Yes No
5. Is the client available for work? Yes No
6. Is the client in receipt of Newstart Allowance? Yes No
7. Dates benefit paid (if applicable) / /
8. Is the client in receipt of any other benefits? Yes No
9. Was the client self employed? Yes No
10. Is the client currently satisfying all Centrelink Activity Test Requirements? Yes No
 If no please advise why
11. If benefits have been suspended please advise period of suspension
 / / to / /
12. Has the client previously registered as unemployed? Yes No
 If yes please provide dates
 / / to / /

Signature X

Date (dd/mm/yy)

Name

Position

Name/address of company

Left blank intentionally.

INVOLUNTARY UNEMPLOYMENT CLAIM

To be completed by employers for permanent, casual and fixed term employees

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?
8. Has the employees contract or casual employment been renewed in the past?..... Yes No
If yes please provide details (eg when first contract commenced and frequency of renewal)
9. Reason employee ceased work?
10. If Redundancy or Retrenchment what was the reason?
11. If a Redundancy was it a Voluntary Redundancy?..... Yes No
If yes please provide details
12. Was the employee offered alternative employment?..... Yes No
13. Was first notification of impending redundancy or retrenchment written or verbal?

Date of first notice?..... /
14. Is employment seasonal? Yes No

Signature

Date (dd/mm/yy) /

Name

Position

Name/address of company

YOUR INVOLUNTARY UNEMPLOYMENT CLAIM

Frequently Asked Questions

We are sorry to hear of your unemployment. We hope that you find your claims experience a smooth and efficient process. Within this helpsheet you will find information that will assist you through every stage of your claim.

How to contact us

By Post: Claims Team, PO Box 7395, Cloisters Square, WA 6850

By phone: Claims Team 1300 653 751*

By email: claims@standrews.com.au

Our claim assessors are here to help you Monday to Friday from 8am to 4pm (WST).

*Telephone calls are recorded to assist with training and for quality control purposes

After lodging the claim when will I receive a response?

We assess all new claims within 3 working days of receipt. You will be informed of the next steps within this time frame. We will assess any information received after our initial assessment within 3-5 working days.

When will I be considered unemployed?

You will be considered unemployed for the purpose of your policy when you have been made involuntarily unemployed, you are registered with Centrelink or an approved Recruitment Agency, you are available for work, and are actively seeking work.

How long do I have to be unemployed before payments are made?

There is a 30 day waiting period in which no benefits are payable. The 30 day waiting period commences from the first day after your employment ceased. In addition you must be unemployed for the full 30 day waiting period. Benefits start to accrue from the 31st day and are payable monthly in arrears.

Where are the payments sent?

Your policy covers your repayments on your Agreement whilst you are unemployed. Payments are generally therefore sent to your financier to credit your relevant mortgage, loan or credit card as appropriate. If you have kept up your repayments and you would like a refund of any duplicated payments, please discuss this with your financier.

After the first payment, what happens for the following months?

If you remain unemployed, continuing relevant payments are made by providing us with a continuation form completed by Centrelink and details of your search for work. We will send you these forms when they are required. Once the forms are received, assessment of your ongoing entitlement will be made within 3 days. Assessment does not necessarily mean payment, further evidence may be required.

How frequently will my claim be paid?

The payments we make are based on the period of unemployment confirmed to us by your declaration that you did not return to work during this period, and where applicable Centrelink certification. We ask that the form be completed approximately every 4 weeks.

What is the maximum period I can claim for?

A maximum of 6 monthly benefits is payable for one period of unemployment.

What happens if my circumstances change?

Please keep us informed of any changes to your circumstances. This includes change of address, going away on holiday and your return to employment.



Involuntary Unemployment Claims Process

