

Union Capital Benefits Policy Additional Benefits Claim Form



This claim form consists of 2 parts and all sections must be completed in full.

Section A Your Statement This section is to be completed by the **Person Claiming** or such authorised person.

Important information

1. A claim cannot be assessed until **all fields are populated on the claim form**.
2. Incomplete questions may delay the assessment process and the claim form could be sent back to be completed.
3. Please provide a copy of your n2n Claims Income Protection Acceptance Letter.
4. All information provided must be legible.

Please return the completed Claim Form to n2n Claims Solutions

Email: info@n2nclaims.com.au

Post: Locked Bag 3111, Rhodes NSW 2138

If you have any questions, please don't hesitate to contact our claims department on **1800 999 626**

Section A – Your Statement

Your Details

Given name		Surname			
Address					
Suburb		State		Postcode	
Home phone		Mobile			
Fax		Gender		Date of Birth	
Email					

We will use this email address for all written communication unless you advise us otherwise

Who are you claiming through?					
What is your Membership Number?					
What is your current n2n Claims Income Protection Claim Number?					

Your Bank Details

Name of financial institution					
Name on account (e.g. John Smith)					
BSB number		Account No.			

Authorised Representative/s (This section is optional)

Complete this section if you **wish to authorise a family member or friend** to assist you with the claims process. It is required to allow us to disclose any personal information about your claim which includes medical, financial, employment and insurance information.

Name of authorised representative					
Representative's relationship to you		Representative's date of birth			
Representative's Phone Number		Email			

Declaration and Authorisation

Privacy Statement

In this statement “we”, “us” and “our” means the Underwriter and n2n Claims Solutions Pty Ltd as its authorised representatives.

We are bound by the obligations of the Privacy Act 1988 (Cth) and the Australian Privacy Principles. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

Our Privacy Policy, available at www.n2nclaims.com.au or by calling us on 1800 999 626 and it sets out how:

- we protect your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint.

We, and our agents, need to collect, use and disclose your personal information in order to assess and manage any claim. We may also use personal information, including de-identified or aggregated information where practicable, to analyse claims experience and improve our systems, processes and services. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to assess or manage a claim.

We may disclose your personal information to third parties who assist us in providing the above services. These parties (which include our related entities, distributors, agents, insurers (including reinsurers) and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). Some of these parties may be located outside of Australia which includes but is not limited to the United Kingdom.

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the other parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by us by contacting n2n Claims Solutions on 1800 999 626 or via email at info@n2nclaims.com.au.

By signing this form, you consent to us and the parties mentioned below collecting, using, and disclosing personal and sensitive information about you for the purposes described above of assessing and managing your claim or obtaining feedback on our group services.

1. Parties may include: Any representative of n2n Claims Solutions, The Insured/Policy Owner, my Insurance Policy Broker, my Union/association, my authorised representatives, Employer(s) workers compensation insurer, insurance companies, government department (which includes Centrelink or similar benefit providers), claims assessor, legal firm, accountant, financial advisor, and any physician, hospital, healthcare provider who has attended or examined me, in order for n2n Claims Solutions to be supplied with my full employment, financial and medical history including but not limited to tax returns, any medical or hospital records, reports, clinical notes and referral letters.
2. I hereby declare that all information that I've supplied is true and correct in every aspect. I have not made any false or misleading statements.
3. I do understand that this claim and any future claims may be refused if any information I've provided is not true, misleading or relevant information has been withheld.
4. A photocopy, emailed or faxed version of this Declaration and Authority is considered as effective and valid as the original.

Name (please print)			
Signature		Date	