



# CEPU/ETU Accidental Death Claim Form



## ACCIDENTAL DEATH BENEFIT CLAIM

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In order to alleviate any delay in the processing time of your claim, please ensure the following:

- The claim form is returned with all fields completed. Incomplete forms will be returned to obtain missing information.
  
- Enclose a Certified copies of
  1. Death Certificates
  2. Medical Reports
  3. Proof of relationship
  4. Police Report



# CEPU/ETU Accidental Death Claim Form



## Instructions:

2. **Section A** is to be completed by you, the claimant.
3. Please enclose certified copies of:
  - a. Death Certificate
  - b. Proof of relationship (i.e. Marriage Certificate, Birth Certificate, etc.)
  - c. Medical Reports
  - d. Police Report (if applicable)
4. Mail completed form to: **Australian Income Protection Pty Ltd**  
PO Box R1196, Royal Exchange, NSW 1225.
5. If have any enquiries please call **Australian Income Protection™ Pty Ltd** on (02) 8252 7900 or 1300 559 362 (only from landline)

## IMPORTANT NOTICE

Any fraud, misstatement or concealment by you in relation to any matter affecting this insurance in connection with making of any claim under it, will give us the rights provided for in the Insurance Contract Act, including where appropriate the right to reduce or refuse payment of any claim.

## Section A - Claimant's Section - To be completed by claimant

All questions must be completed and claim form signed before claim will be processed. (Please print)

Title:  First name(s):

Last name:

Address:

Suburb:  State:  Postcode:

Phone:  ( ) Mobile:

Fax:  ( )

Email:

Date of birth:  /  /  Gender:  Male  Female

## Deceased details:

Title:  First name(s):

Last name:

Address:

Suburb:  State:  Postcode:

Date of birth:  /  /  Gender:  Male  Female

Date of death:  /  /

**Relationship to the deceased:**Spouse: Yes  No 

If yes, Married Date: / /

De-facto: Yes  No 

If yes, from when: / /

Parent: Yes  No Dependant: Yes  No Guardian: Yes  No 

Other (please specify):

How long have you lived at the same address?(if married or de-facto) :

**Member’s Employer Contact Details:**

Employer:

Address:

Suburb: State: Postcode:

Work ph: ( ) Work fax: ( )

Length of employment: Years: Months:

**Medical Information:**

Cause of death:

Where did it occur (if applicable):

Was the injury work related?: Yes  No **Union:**Was the deceased a CEPU/ETU member?: Yes  No Was the deceased, the spouse of a CEPU/ETU member?: Yes  No Was the deceased employed at the time of death? : Yes  No **Police Details (If applicable):**

Reporting Police Officers Name:

Police Station:

Police Report Number:

## Australian Income Protection

### Authority

I hereby authorise any hospital, physician, employer insurer, Health Insurance Commission, Union or other person who has attended me to furnish to Australian Income Protection Pty Limited or its representatives any and all information with respect to the injury, medical history, consultation, prescription or treatment and copies of all medical records. I also authorise any and all information regarding Worker’s Compensation claims or claims with any other insurer to be released to Australian Income Protection. I agree that a Photostat or fax copy of this authorisation shall be considered as effective and valid as the original. I also authorise Australian Income Protection to release any information requested by CEPU QLD and/or ETU or its representatives in relation to the claim.

### Declaration





I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim make any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recovery there under or in respect of past or future claims shall be forfeited.

Signature of Claimant:

Name of Claimant:

Date:

### Claim form check list:

-  Have all questions been completed?
-  Have you supplied a certified copy of the Death certificate?
-  Have you supplied a certified copy of proof of relationship(i.e. Marriage Certificate, Birth Certificate, etc.)?
-  Have you supplied a copy of the medical reports?

**Your claim will be delayed unless all sections are complete. Send the completed form to:**



Australian Income Protection Pty Ltd  
Attn: Claims department  
PO Box R1196, Royal Exchange, NSW 1225