

Major Illness Insurance

Insuranceline

Claim notification form

Need any help completing this form? Call us on 1300 880 750 8am-8pm AEST

1. Policy Owner:
2. Policy Number:
3. Life Insured to complete: PART A, PART B, PART D (DECLARATION) and MEDICARE AUTHORITY form as attached.
4. Policy Owner to complete: PART C
5. Treating Specialist to complete: PART E (SPECIALIST'S MEDICAL REPORT)
(Any fees for the completion of the Specialist's Medical Report is the responsibility of the Insured)

Part A – Personal details of the Life Insured

Surname: First name:

Date of Birth:

Height: Weight:

Occupation:

Current Residential Address:
(Not Post Office Box)

suburb: state: postcode:

Postal Address:
(if different from above)

Email Address:

Phone Numbers:

Part B – Medical details of the Life Insured

1. Which major illness have you suffered? (Please tick one)
 Cancer Heart Attack Stroke
 Coronary Artery Bypass Surgery Paralysis Permanent Incapacity
2. What diagnosis have you been given for your condition?
3. When were you diagnosed?
4. What are/were your symptoms as a result of this condition?
5. On what date did your symptoms first commence?
6. On what date did you first attend a doctor as a result of these symptoms?
7. Have you previously had the same or similar condition or symptoms? No Yes

If "yes", please provide full details:

Part B – Medical details of the Life Insured continued

8. Please provide contact details for the following:

The doctor who provided your diagnosis:

Name:

Address:

Phone Number: Date last seen: dd: mm: yyyy:

The first medical practitioner you saw for this condition:

Name:

Address:

Phone Number: Date last seen: dd: mm: yyyy:

How long have you known this doctor? (If less than 12 months, please provide the name and address of your previous doctor).

Name:

Address:

Phone Number: Date last seen: dd: mm: yyyy:

The doctor from whom you are currently receiving medical treatment:

Name:

Address:

Phone Number: Date last seen: dd: mm: yyyy:

The details of any other Specialists/Doctors you may have seen or are continuing to see for this condition:

Name:

Address:

Phone Number: Date last seen: dd: mm: yyyy:

9. What treatment/s are you currently receiving and how frequently?

10. If you have Private Medical Insurance, please provide the following details:

Fund Name:

Membership Number:

11. Have you previously had the same or similar condition or symptoms?

No Yes

12. Do you have any additional information you would like to advise concerning your claim?

It is essential you provide TAL Direct copies of all test results confirming your diagnosis. Should the test results not be provided with this claim form it may result in delays to the assessment of your claim.

Part C – Policy discharge to be completed by the Policy Owner

(Please note this section of the form will only be used if TAL accepts liability for the claim)

I / We hereby request payment of the benefit amount payable for the above policy to be paid by cheque or direct credit made payable to:

(Payee)

of

Address

I / We accept payment in full satisfaction of all Major Illness Insurance claims whatsoever under the above policy for the above life insured and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the amount stated.

Sign here:

Date: dd / mm / yy

Please print name:

Part D – Declaration to be completed by the Life Insured

I, (full name)

(PRINT NAME) declare that the answers and

statements made in this form are true and complete in every particular to the best of my knowledge.

I consent to TAL Life Limited seeking and obtaining information from any other person or company in respect of this claim. I authorise and request any doctor who has been, or may be, consulted by me to divulge at any time to TAL, or any legal tribunal any information that may have been acquired with regard to myself.

Sign here:

Date: dd / mm / yy

Please print name:

Your privacy

The Privacy of Insuranceline customers is important and Insuranceline is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which Insuranceline collects, uses, secures and discloses your personal information is set out in the Insuranceline Privacy Policy available at www.insuranceline.com.au/Privacy-Policy or free of charge on request to Insuranceline by contacting 1300 880 750 or customerservice@insuranceline.com.au

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where Insuranceline is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices)

HOW TO RETURN YOUR DOCUMENTS

✉ FREE Post Reply Paid 62, Carlton South VIC 3053

☎ FREE Fax 1800 245 662

☎ 1300 880 750

@ claims@insuranceline.com.au

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Part E – Specialist’s medical report to be completed by the Life Insured’s treating specialist

(Any costs incurred in the completion of this report are to be paid by the Insured).

Life Insured Surname: First name:

Date of Birth: dd. mm. yyyy.

1. When was the Insured first referred to you and by whom?

2. For what condition were they referred to you?

3. What is your diagnosis of the Insured’s current condition?

4. On what date was this diagnosis made?

5. When did the Insured first experience these symptoms?

6. What were these symptoms?

7. Has the Insured previously suffered from the same or a related condition?

No Yes

If “YES”, please provide details:

8. On the basis of which objective tests/investigations was this diagnosis based?

9. Has the Insured been hospitalised or consulted any other medical practitioner/s in relation to this condition?

No Yes

If “YES”, please provide details:

10. Is there any relevant family history? **YES / NO** (please circle)

If “YES”, please provide details:

11. Has the Insured ever been a smoker? **YES / NO** (please circle)

If “YES”, please provide dates and daily usage.

The policy defines the Insured Conditions as set out on the last sheet.

It is essential you provide TAL copies of all test results confirming the diagnosis (eg, histopathology, ECG results, etc)

Part E – Specialist’s medical report to be completed by the Life Insured’s treating specialist continued

12. In your opinion, does the Insured’s condition fully satisfy the definition of the event?

No Yes

Please comment:

By providing you with this Medical Report to complete, the Insured or the Insured’s representative consents to the release of their personal and sensitive information and its collection by TAL Life Limited. I hereby declare that the above statements are true and correct.

SPECIALIST DETAILS:

Name:

Qualifications:

Address:

Phone Number: Fax Number:

Sign here:


Date: dd / mm / yy


THANK YOU FOR YOUR ASSISTANCE

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Definitions of Insured Conditions

	Cancer means	Heart Attack means	Stroke means	Coronary Artery Bypass Surgery means	Paralysis means	Permanent Incapacity means
Explanation	The presence of one or more malignant tumours.	The occurrence of an acute myocardial infarction, which means the death of a portion of heart muscle due to inadequate blood supply.	A cerebrovascular event producing neurological deficit, which means the malfunction of the brain due to bleeding or a blood clot on the brain.	Bypass grafting surgery performed to correct or treat coronary artery disease.	The total and permanent loss of function of 2 or more limbs.	The loss of ability to look after yourself.
Evidence Required	This requires the malignant tumour to be characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. *Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment by your treating doctor.	This requires clear evidence of: <ul style="list-style-type: none"> • New electrocardiograph (ECG) changes associated with myocardial infarction, and • The elevation of biochemical markers (such as troponin or cardiac enzymes) of myocardial necrosis. If the above tests are inconclusive, consideration will be given to any other medical evidence in support of a diagnosis.	This requires clear evidence on a CT, MRI or other appropriate scanning device of an: <ul style="list-style-type: none"> • infarction of brain tissue caused by intracranial and/or subarachnoid haemorrhage, or • embolisation from an extracranial source. 		This requires permanent damage to the nervous system due to sickness or injury. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.	This requires the total and irrecoverable loss of ability to perform at least 2 of the following activities without the physical assistance of another person. <ul style="list-style-type: none"> • Bathing - the ability to shower and bathe; • Dressing - the ability to put on and take off clothing; • Toileting - the ability to get on and off, and use, the toilet; • Mobility - the ability to get in and out of bed and a chair; • Feeding - the ability to get food from a plate into the mouth.
Conditions Not Covered	The following tumours are excluded: <ul style="list-style-type: none"> • Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant*; • All skin cancers, unless there is evidence of metastases; • Melanoma of the skin at Stage 1A (tumour thickness of less than or equal to 1.00mm, Clark level II or III, without ulceration); • Prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification, unless resulting in the surgical removal of the prostate; • Papillary Micro-Carcinoma of the Thyroid or Bladder; and • Chronic Lymphocytic Leukaemia less than Rai Stage 1 	The following are excluded: <ul style="list-style-type: none"> • Non-cardiac chest pain, and • Angina, which is a more common but temporary heart condition with no death of the heart muscle. 	The following are excluded: <ul style="list-style-type: none"> • Transient ischaemic attacks, • Reversible neurological deficit, • Cerebral symptoms due to migraine, • Cerebral injury resulting from trauma or hypoxia, and • Vascular disease affecting the eye, optic nerve or vestibular functions. 			