

MAKE AN UNEMPLOYMENT CLAIM

THANK YOU FOR CONTACTING CGU INSURANCE

You must have access to a printer in order to access this form. If you do not have access to a printer please contact our office on 1800 248 224 (1800 CGU CCI) and an alternative will be sent.

HOW TO COMPLETE YOUR UNEMPLOYMENT CLAIM FORM

Your claim form must be completed in full. An incomplete form may cause delay in the assessment of your claim.

Please ensure:

- You (the insured) complete the front page and the first box on the second page of your unemployment claim form.
- That you (the insured) and a witness have both signed and dated your claim form.
- Certificate of Centrelink or employment agency section on your claim form is completed by the relevant agency.
- Your last employer completes the "Employer's Declaration" section of your claim form. If you experience difficulties in completing this section, please attach a copy of your "Employment Separation" certificate to your claim form.
- If your employment ceased more than three (3) months ago, a letter is attached to your claim form detailing the reason(s) for the late lodgement of your claim.

OTHER USEFUL INFORMATION

If you have submitted your claim form and it has been accepted by CGU Insurance, we will require you to provide ongoing confirmation of your unemployment in order for us to maintain continuous payments to your financier.

Please advise us on 1800 248 224 (1800 CGU CCI) if you return to any form of employment during the period you are claiming for.

It is important that all questions are correctly and fully answered by the policy holder.

This will enable CGU Insurance to proceed with the processing of your claim; delays could occur if the claim is completed by someone other than the policy holder or if insufficient information is supplied. If for some reason the policy holder is unable to complete this form, please contact the office to discuss options.

THIRD PERSON AUTHORITY TO ENQUIRE

If you wish to provide authority for another person to discuss your claim on your behalf, please complete the attached authorisation and return with your completed claim form.

Please send all completed claim forms to one of the following:

FAX 1800 032 535
EMAIL cciclaims@cgu.com.au
POST GPO Box 2177 Melbourne VIC 3001





INVOLUNTARY UNEMPLOYMENT CLAIM FORM

Insurance Australia Limited ABN 11 000 016 722 trading as CGU Insurance

All questions must be answered. Please print and indicate [x] where applicable. If insufficient space provided, please write on a separate sheet and attach to the form.

Important note

Please ensure that you have answered all questions relating to yourself and arrange for Centrelink/Job Agency Certificate and Employers Declaration to be completed. Please note that an incomplete claim form will cause delay in assessment.

Please forward your completed claim form to CGU Insurance within 14 days of the occurrence.

Please notify CGU Insurance when you recommence employment.

Your personal details

Title (e.g. Mr/Mrs) Surname Given names Date of Birth DD / MM / YY

Address Postcode

E-mail Telephone no.


Name and date of birth of any other person listed on policy

On what basis were you employed at policy commencement date?

Full time Casual Part time Contract Seasonal Temporary

What was your reason for leaving this employment?

Resigned Retrenched Dismissed End of contract Made redundant Temporary

Other  Please give explanation

Claimant's statement

Name of last employer Address Postcode

Telephone no. Occupation Employment start date DD / MM / YY Employment end date DD / MM / YY

On what basis were you employed?

Full time Casual Part time Contract Seasonal Temporary

Name of employer prior to the above employment Address Postcode

Telephone no. Occupation Employment start date DD / MM / YY Employment end date DD / MM / YY

Declaration

Have you had a Life, Trauma, Involuntary unemployment, Sickness or Accident policy cancelled, declined or accepted on special terms?

Yes

No

I hereby declare that:

1. I am the person insured by CGU Insurance and referred to in the foregoing particulars.
2. I agree that if I have made, or in any further declaration which CGU Insurance may require of me, shall make, any false declaration or statement in support of my claim my right to any Benefit shall be forthwith forfeited.
3. I authorise the Centrelink/Job Agency or any person or firm who has employed me, to furnish to CGU Insurance any information it may request in respect of my employment and unemployment.
4. To the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
5. I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at cgu.com.au/privacy, including for processing this claim.

Signature of Insured

Print name

Date

Signature of Witness

Print name


Date


CGU Insurance is a member of the insurance industry's independent Australian Financial Complaints Authority (AFCA). This service is provided to the public at no cost and aims to resolve claims complaints quickly and informally if CGU Insurance is unable to resolve your complaint. You should first take up your complaint with CGU. In most cases, the problem will be resolved easily. If you are not satisfied with the outcome you may contact the Australian Financial Complaints Authority in your state for advice and assistance in resolving your claim.

Australian Financial Complaints Authority toll free telephone number: 1800 931 678.

Certificate of Centrelink or employment agency

Part A - Is the claimant registered as a jobseeker with centrelink?

No  Go to Part B

Yes  Date they were registered as being unemployed

Signature of authorised officer

Branch stamp

Date

Part B - Is the claimant registered as a jobseeker with an employment agency

No

Yes  Name of job agency

Date registered with agency

Please attach confirmation letter from job agency

Employers declaration

Name of employee

Employment start date

Employment end date

On what basis were you employed at policy commencement date?

Full time

Casual

Part time

Contract

Seasonal

Temporary

Hours worked per week

What was the reason for this employment ending?

Shortage of work

Unsatisfactory work performance

Employee ceasing work voluntarily

Misconduct as an employee

End of season or contract

Unsuitability for this type of work

Redundancy

Other

Please give reason and/or details

Signature

Position

Company name (please affix company stamp if available)





THIRD PERSON AUTHORITY TO MAKE AND RECEIVE CLAIMS ENQUIRIES IN RELATION TO MY CLAIM

If you wish to provide authority for another person to discuss your claim on your behalf, please complete the following authorisation and return with your completed claim form.

I (name)

of (address),

freely give permission for:

Name	Address	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Ph. No:

To contact and be contacted by CGU Insurance to discuss information relating to and about my Involuntary Unemployment claim.

I know that I may request a copy of this authorisation. I agree that a copy of this authorisation shall be as valid as the original.

I understand that this authorisation shall be valid until my claim is processed and finalised, and that I have a right to revoke this authorisation by written notification to CGU Insurance.

Signed by

Print name

Date

/ /

Signature of Witness

Print name

Date

/ /

