

Unemployment/Job Loss Claim Form

Insert your claim number and/or policy number if known.	
Claim number:	
Policy number:	

Please tick the insurance policy you're claiming on:
<input type="checkbox"/> Credit Card Repayment Protection
<input type="checkbox"/> Flexi Loan Repayment Protection
<input type="checkbox"/> Personal Loan Protection

IMPORTANT INFORMATION

- Please be aware that submitting a claim doesn't stop any direct debit you may have in place to pay your loan or credit card. So if you wish to stop a direct debit, please call 132 032 or visit your nearest branch. You are still responsible for your repayments until your claim is accepted.
- Please ensure you keep a copy of your claim form in case your paperwork doesn't reach us.
- We will always contact you within 5 business days of receiving your claim form, so if you haven't heard from us within 7 days, please call us on 1300 369 989.

Please be assured we're here to help you

Questions?
1300 369 989 (option 2, option 2)
8.45am – 5pm (Sydney time) Monday – Friday

Return this form
Fax 1300 786 606
cciclaims@westpac.com.au
Personal Loan and Credit Card Protection Claims
Westpac General Insurance
GPO BOX 4451, Sydney NSW, 2001

CLAIM REQUIREMENT CHECKLIST

To help us assess your claim promptly, please ensure you can tick ALL the boxes below:

- Have you read the important information?
- Have you completed all fields in the form?
- Have you signed and dated the Privacy Statement and Declaration on page 4?
- Have you attached documentation confirming when and why your employment ceased?
- Have you kept a copy of your completed form and your documentation?

PERSONAL DETAILS (please print)

Westpac customer number (same as telephone or internet banking number)	Date of birth
<input type="text"/>	<input type="text" value="/ /"/>

Title (Mr/Mrs/Miss/Ms)	Name of claimant
<input type="text"/>	<input type="text"/>

Have you previously been or are you known by any other name?

Postal address	Postcode
<input type="text"/>	<input type="text"/>

Home phone	Mobile
<input type="text" value="()"/>	<input type="text"/>

Email

UNEMPLOYMENT / JOB LOSS DETAILS

1. Were you self employed? Yes ► Please provide your ABN No

If 'Yes', has your business ceased to trade due to actual or imminent insolvency or business factors beyond your reasonable control and is being wound up or placed in the control of an insolvency administrator?..... Yes No

2. Please provide details of your employment prior to you ceasing work:

Occupation/job title

Employer/business name

(If you were a subcontractor, provide details of the company you were contracted to when your employment ceased)

Address

Direct manager/payroll contact name

Best contact phone

3. What was the period of your employment? From To

4. What is the exact reason your employment ceased?

(e.g. termination due to shortage of work, resignation, misconduct, unsuitability for the role, end of contract, redundancy).

- If you were an employee, you must provide a copy of a Centrelink Employment Separation Certificate OR a signed letter from your previous employer on company letterhead confirming the basis of your employment (full-time/part-time/casual etc), the date, and reason your employment ceased.
- If you were self-employed, you must provide evidence that your business has completely ceased to trade due to business factors beyond your reasonable control, that your ABN is no longer active, and the date and reason your business ceased to trade eg a letter from your accountant.

5. Did you voluntarily resign from your employment?..... Yes No

If yes, please provide the reason for your resignation:

6. Were you employed on a fixed-term contract? Yes No

If yes, did your employment end at the completion of your fixed-term contract? Yes No

7. Were you employed to complete a specific task/project? Yes No

If yes, did your employment end at the completion of your specific task/project?..... Yes No

8. Were you employed on a seasonal basis? Yes No

If yes, did your employment cease at the end of the season? Yes No

9. Were you employed to work for a specified period? Yes No

If yes, did your employment cease at the end of this specified period?..... Yes No

10. Were you employed by a recruitment agency? Yes ➤ provide details below No

Recruitment agency name

Recruitment officer

Phone number? ()

11. Have you returned to work?

Yes ➤ Date / / ➤ Hours per week?

No, I remain unemployed

GST INFORMATION

Are you registered for GST purposes? Yes ➤ answer next question No ➤ skip to next section

If yes, have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on your insurance policy? Yes ➤ answer next question No ➤ skip to next section

If 'Yes', what percentage of the GST did you claim or are entitled to claim? %
(If the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

PRIVACY STATEMENT AND DECLARATION

Why we collect your personal information

We* collect personal information (including sensitive information e.g. health information) from you to assess your claim under the policy and, if your claim is accepted, for administration of your claim. We may also use your information to comply with legislative or regulatory requirements in any jurisdiction, to prevent fraud, crime or other activity that may cause harm in relation to our products or services and to help us run our business.

If you do not provide all the information we request, or do not agree to any of the uses or disclosures detailed below, we may be unable to assess or administer your claim.

Collecting and disclosing your personal information

We may disclose your personal information (including sensitive information) to other members of the Westpac Group**, anyone we engage to do something on our behalf such as a service provider and to other third parties, including:

- your employers (past and present);
- any health care provider including medical practitioners, physiotherapists, chiropractors, psychologists and hospitals attended by you or retained by us;
- other insurers, including Workers' Compensation insurers;
- any government agency, including Medicare Australia, Centrelink and the Australian Taxation Office;
- any claims assessor, investigator, legal adviser, financial adviser, superannuation fund, trustee or administrator, auditor, forensic accountant, external dispute resolution body or reinsurer retained by you or us;
- any Federal, State or Territory Police Department or private organisation which investigates fraud; and
- any witness identified by you in this form.

You authorise the above parties, and any other person, to disclose to us and other members of the Westpac Group any personal information (including sensitive information) and/or documentation required by us that they may hold about you which relates to our assessment and administration of your policy or claim. You agree that a copy of this declaration will be sufficient authorisation to any person or organisation, including medical practitioners and other health service providers, to provide information and documentation to us upon request.

We may disclose your personal information to an entity which is located outside Australia. Details of the countries where the overseas recipients are likely to be located are in the Westpac Privacy Policy.

Other important information

We are required or authorised to collect personal information from you by certain laws. Details of these laws are in the Westpac Privacy Policy.

The Westpac Privacy Policy is available at westpac.com.au or by calling 132 032. It covers:

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may complain about a breach of the Australian Privacy Principles, or a registered privacy code and how we will deal with your complaint; and
- how we collect, hold, use and disclose your personal information in more detail.

The Westpac Privacy Policy will be updated from time to time.

If you have provided information about another individual, you must make them aware of that fact and the contents of this privacy statement.

Declaration

I hereby declare that:

- I am the person referred to in the statements in this document.
- the statements in this document are true in every respect;
- I acknowledge that the policy benefit for job loss/unfit for work will be paid to my loan/ credit card account; and
- I have read, understand and agree to the consents and acknowledgements above relating to my privacy.

DECLARATION – YOU MUST SIGN THIS FOR YOUR CLAIM TO BE ASSESSED

Full name

Date of birth

Address

Signature

Date

"We", "us", "our" means Westpac General Insurance Limited. "Westpac Group" means Westpac Banking Corporation and its related bodies corporate.

THIRD PARTY AUTHORITY FORM – OPTIONAL

Please complete this section if you wish to provide authority for another person to talk to us about your claim, such as a partner, family member or friend.

I, _____ (claimant's full name)
authorise _____ (authorised person's full name),
who is the claimant's _____ (relationship to claimant eg mother) of
_____ (authorised person's address)
_____ (authorised person's phone number), born _____ (authorised person's date of birth)
to obtain information about my claim and liaise directly with Westpac General Insurance with respect to this claim.

Claimant's signature

X

Date

/ /

WHAT TO DO IF YOU HAVE A COMPLAINT

We're constantly striving to provide our customers with the best possible service, and we'll do our best to resolve any complaint you have quickly and fairly.

So if you do have a complaint about your policy, our service, the way the policy was sold to you, or the way your claim is being handled, here's what you should do.

Step 1

We ask that you first contact one of our Consultants to discuss your complaint.

For claims issues: Phone 1300 369 989 Fax 1300 786 606

For any other issues: Phone 1300 369 989 Fax 1300 786 525

If the Consultant is unable to resolve the matter, they'll refer it to a Senior Officer, their Team Leader or Manager. The Senior Officer, Team Leader or Manager will acknowledge your complaint within 2 business days, providing their name and relevant contact details and keep you informed of the progress of your complaint at least every 10 business days.

The Senior Officer, Team Leader or Manager will try to resolve your complaint within 15 business days however, if we consider that further information, assessment or investigation of the complaint is required, we will agree reasonable alternative timeframes with you. If an agreement cannot be reached, we will notify you of your right to take your complaint to the next stage.

The Senior Officer, Team Leader or Manager will respond to your complaint in writing.

Step 2

If you're still not satisfied with the outcome, you may ask for us to refer the dispute to our Internal Dispute Resolution Officer who will review the matter.

The Internal Dispute Resolution Officer's contact details are:

Internal Dispute Resolution Officer

Westpac General Insurance Limited

Mail GPO Box 4451, Sydney NSW 2001

Phone 1300 369 989

Fax 1300 786 606 for claims issues or 1300 786 525 for any other issues

The Internal Dispute Resolution Officer will acknowledge your complaint, providing their name and relevant contact details and keep you informed of the progress of your dispute at least every 10 business days.

The Internal Dispute Resolution Officer will try to resolve your dispute within 15 business days however, if we consider that further information, assessment or investigation of the dispute is required, we will agree reasonable alternative timeframes with you. If an agreement cannot be reached, we will notify you of your right to take your dispute to the Australian Financial Complaints Authority (AFCA).

The Internal Dispute Resolution Officer will respond to your dispute in writing.

Step 3

If you are not satisfied with the decision made or we cannot otherwise reach an agreement, you can refer your matter to AFCA which provides a free independent dispute resolution service for consumers who have a general insurance dispute.

Additionally, if we are unable to resolve your complaint or dispute to your satisfaction within 45 calendar days, we will inform you of the reasons for the delay and that you may take your complaint or dispute to AFCA. The contact details are:

Australian Financial Complaints Authority

GPO Box 3 Melbourne VIC 3001

Phone: 1800 931 678

Online: www.afca.org.au

Email: info@afca.org.au

First things first.

Please note that if you haven't first tried to resolve your complaint with us, the Australian Financial Complaints Authority will direct your complaint to us and we'll provide you with a response under our Internal Dispute Resolution process.