

Funeral Insurance Claim Form

To ensure your claim is processed promptly, please complete the details below - if you need assistance please call us on **1300 513 483**.

If the Policyowner nominated a third party beneficiary in accordance with the Insurance Contracts Act, the proceeds will be paid to the nominated beneficiary. If no nomination has been made, the proceeds will be paid either to a surviving Policyowner (where applicable) or to the Estate.

Section A – Required Documentation

Please tick the boxes to confirm that you have submitted all the required documents to us:

- A CERTIFIED COPY of proof of the Life Insured's death (e.g. Death Certificate, Coroners Report, Attending Medical Practitioners Report)
- A CERTIFIED COPY of proof of the Life Insured's identity (e.g. Birth Certificate, Passport, Drivers Licence)
- A CERTIFIED COPY of proof of the claimant's identity (e.g. Birth Certificate, Passport, Drivers Licence)

Certified Copy – Definition

This is a signed photocopy of an original document. The person signing it must see the original and the photocopy. It can be signed by a Justice of the Peace, accountant, solicitor, doctor, bank manager or police officer. It means you keep the original as we do not require it.

The certified copy must include a statement **"I certify that this is a true copy of the original document"**. The certifier must include their full name, signature, date, registration number (if any) and qualification or occupation on each page of the photocopied documents.

Section B – Privacy

Privacy Collection Notice

Greenstone Financial Services Pty Ltd ("GFS", "we", "us" or "our") collects and handles personal information about you on behalf of Hannover Life Re of Australasia Ltd ("HLRA") in compliance with the Privacy Act 1988 (Cth). All information collected throughout the claims process by GFS or HLRA will be shared with both companies.

Collection and use

We collect personal information such as identification information and policy details and sensitive information such as health details. Generally, we collect this information so that we can provide our products and services to you and manage, administer, develop and improve our business, including to assess and process your application for insurance, and assess any claims made by you or on your behalf. We generally collect this information directly from you but may collect it from a third party such as our related bodies corporate, authorised administrators, professional advisers or from publicly available information. If you do not provide us with all or part of the personal information we require, we may be unable to provide such services to you.

Disclosure

The information you provide us will be collected by us and may be disclosed to third parties that help us deliver and improve our products and services (including other insurance/reinsurance companies, legal practitioners, medical practitioners, health service providers, hospitals, legal tribunals and courts, dispute resolution bodies, investigators/investigation organisations, third parties authorised by you, any current or former employer, our parent company and other related bodies corporate, professional advisers such as accountants or lawyers or other consultants, service providers that assist us in carrying out our business activities, trustees of superannuation funds, administrators of superannuation funds, an organisation appointed by the trustees of a superannuation fund to receive or give information, interpreters and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law) or as required by law.

Overseas disclosure

We or HLRA may disclose your personal information to parties located in other countries, including to our related bodies corporate. The countries in which these recipients may be located will vary from time to time, but may include Germany, Canada, Japan, New Zealand, Hong Kong, United Kingdom, United States of America, India, China, Korea, Malaysia, South Africa, Bermuda, Ireland, Sweden and France.

Access correction and complaints

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website or you can request a copy by contacting us.

HLRA's Privacy Policy is also available at hannover-re.com/1094181/australia_lh_privacy (or, by contacting HLRA using the details set out in this form or emailing privacyofficer@hlra.com.au). It outlines HLRA's personal information handling practices, including details on how you can seek access or correction of the personal information that HLRA hold about you, how to complain if you believe HLRA has breached the Australian privacy laws and HLRA's complaint handling processes.

If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy, please call **1300 513 484** Monday to Friday, 8am – 8pm (AEST).

Section C – Policy Details

Policyowner

Policy number

Section D – Life Insured's Details

Life Insured's first name

Life Insured's last name

Life Insured's date of birth

DD / MM / YYYY

Date of death

DD / MM / YYYY

Section E – Claimant's Details

Title

First name

Surname

Residential address

Postal address

Phone (home)

(work)

(mobile)

Email

Relationship of claimant to Life Insured

Section F – Beneficiary Payment Authority and Policy Discharge

This section of the form must be completed by the nominated beneficiary/s or the current Policyowner. Completing the details below will assist us in getting your claim payment to you as quickly as possible.

Once your claim has been assessed and provided you are the beneficiary, the Benefit Amount payable will be credited to the account below. If no nomination has been made, the proceeds will be paid either to a surviving Policyowner (where applicable) or to the Estate.

BSB number (branch number)

Account number

Account name

Name of bank/
financial institution

Branch name/
location of financial institution

NB. If your account is held with a Credit Union, it may take longer for the Benefit Amount payable to be cleared. May we suggest you contact your nominated Credit Union.

By signing or entering your full name below, you are declaring agreement with the following:

Date

DD / MM / YYYY

I/We hereby request payment of the Benefit Amount in full satisfaction of all claims under the abovementioned policy for the Life Insured.

I/We hereby discharge Hannover Life Re of Australasia Ltd from all liability thereunder other than for payment of the benefit.

**Please return this form to Kogan Insurance by email to: claims@greenstone.com.au
Or by post to: Kogan Insurance, Reply Paid 6728, Baulkham Hills, NSW 2153**

Once you have completed this form:

1. Please review it to ensure all details are correct.
2. Click on the **LOCK FORM** button to lock your answers.

You will not be able to make any changes once the form is locked.

LOCK FORM