

Claim Form Freedom Protection Plan Final Expenses Cover



Plan Number:	<input type="text"/>
Plan Owner:	<input type="text"/>
Life Insured:	<input type="text"/>
Nominated Beneficiaries:	<input type="text"/>

Important information about completing this form

- This claim form is to be completed and signed by:
 - The Plan Owner (**where the deceased Life Insured is NOT the Plan Owner**)**OR**
 - A representative of the deceased's estate, such as the executor or a close relative where there is no will (**where the deceased Life Insured is also the Plan Owner and NO beneficiaries have been nominated**)**OR**
 - One or more nominated beneficiaries (or their representative) (**where the deceased Life Insured is also the Plan Owner and beneficiaries have been nominated**)
- Please answer all the questions fully to ensure that the claim is assessed as quickly as possible. Answers left blank or not fully completed may delay the assessment of the claim.
- False statements or failure to advise Swiss Re Life & Health Australia Limited ("**Swiss Re**") of any relevant information may lead to Swiss Re declining your claim.
- If you have any questions regarding the completion of this form, please contact Freedom Insurance on **1300 88 44 88**.

Documentation Required

- The following additional documents must accompany this form:
 - Evidence of Death:** A certified copy of the Death Certificate or Coroner's Report.
 - Evidence of Age:** A certified copy of evidence of the deceased's age (Birth Certificate or current Passport).
 - Change of Name:** If the deceased's name at the date of death is different to that stated either above or in the Death Certificate (or the document evidencing their age), a certified copy of the Marriage Certificate, Deed Poll or other document evidencing the name change is required.
 - Beneficiary Identification:** A certified copy of proof of the identity of each beneficiary (e.g. photo identification containing their signature).
 - Passport Extract:** Where death occurred outside Australia and the **double benefit** is being claimed, a certified copy of an extract of the deceased's passport showing their departure date from Australia.
 - Will:** A copy of the deceased's will (if any) is required where the Plan Owner is the deceased and either no nominated beneficiary has been named or any of the nominated beneficiaries named are under 18 years of age.

Please tick the documents you are providing. If any of these documents are not immediately available, please complete the remainder of the form and tell us below when the required documents will be available.

Please return the completed forms and required documents to Freedom Insurance:
By Mail: Freedom Insurance Claims, GPO Box 3553 Sydney NSW 2001
By Email: claims@freedominsurance.com.au

Claimant's Details

I am submitting this claim form as:

- Plan Owner
- Nominated Beneficiary (or representative of a nominated beneficiary where under 18 years of age)
- A Relative or friend of the Deceased
- Executor

If submitting this claim as Executor, a certified copy of the deceased's will must be provided

Claimant's Contact Details (only complete If **NOT** the Plan Owner)

Title: Mr Mrs Ms Miss Other

Full Name:

Home Phone: Business Phone:

Mobile Phone: Email:

Relationship to Deceased:

Deceased's Details

Date of death: Cause of death:

Location of death (Town, City & Country):

If the place of death was outside of Australia:

A. How long had the deceased been outside of Australia at the time of their death? days

B. Was the deceased a resident of a country other than Australia at the time of their death? YES NO

If "YES", please provide the name of the country.

A certified copy of an extract from the deceased's passport showing the date that the deceased departed Australia is required where a double benefit is being claimed

Claim Declaration

I hereby declare that the statements made in this claim form are true, correct and complete. I also understand that any false or fraudulent statement or the concealment of material fact may result in Swiss Re Life & Health Australia Limited declining your claim.

The information (including personal and sensitive information) contained in this form, may be used or disclosed in the manner described in the Privacy section of the Freedom Protection Plan Product Disclosure Statement. (Copy available on request)

Claimant's Signature:

Date:

Please arrange for each of the beneficiaries to provide their details and payment instructions on the next page of this form.

Please return the completed forms and required documents to Freedom Insurance:
By Mail: Freedom Insurance Claims, GPO Box 3553 Sydney NSW 2001
By Email: claims@freedominsurance.com.au

Beneficiary Detail's

WHO ARE THE BENEFICIARIES

- Where the deceased was **NOT** the Plan Owner, the benefit is payable to the Plan Owner
- Where the deceased was the Plan Owner:
 - If the deceased nominated one or more beneficiaries, the benefit is payable to those beneficiaries listed above in the nominated proportions (*Note: where the beneficiary is under 18 years of age the benefit will be payable to that person's legal guardian or in accordance with any trust created under the deceased's will*)
 - If the deceased did not nominate a beneficiary, the benefit is payable to the deceased's estate or a person who is entitled to the property of the deceased under a will or under the law relating to disposition of property.

Beneficiary 1

Name: Date of Birth:

Address:

Beneficiary's Signature:

Date:

EFT Payment Details

Financial institution:

BSB Number

Account Number

Account Name

Beneficiary 2

Name: Date of Birth:

Address:

Beneficiary's Signature:

Date:

EFT Payment Details

Financial institution:

BSB Number

Account Number

Account Name

Please return the completed forms and required documents to Freedom Insurance:
By Mail: Freedom Insurance Claims, GPO Box 3553 Sydney NSW 2001
By Email: claims@freedominsurance.com.au

Beneficiary 3

Name: Date of Birth:

Address:

Beneficiary's Signature:

Date:

EFT Payment Details

Financial institution:

BSB Number

Account Number

Account Name

Beneficiary 4

Name: Date of Birth:

Address:

Beneficiary's Signature:

Date:

EFT Payment Details

Financial institution:

BSB Number

Account Number

Account Name

Please return the completed forms and required documents to Freedom Insurance:
By Mail: Freedom Insurance Claims, GPO Box 3553 Sydney NSW 2001
By Email: claims@freedominsurance.com.au