Claim

NZFUNDS

partners life

KiwiSaver Member Contribution Cover

1.0 Member's details

Title | Surname | First name(s)

Place of birth | Date of birth | Male | Female

Street address | Suburb

Town/City | Postcode

Postal address (if different from above)

Email address

Contact number | Alternate contact number

2.0 Disability details

a) Describe your symptoms.

b) Please provide the date of onset of these symptoms. Date

c) Have you ever had the same or similar symptoms?
If **yes,** please give date, the name of the doctor or hospital that treated you, and their contact details.

Date	Name of doctor or hospital	Contact details

3.0 Occupation details

a) Are you: (please tick appropriate box)

- ☐ **Self employed (sole trader, partner)**
- ☐ **Contractor**
- ☐ **Unemployed**
- ☐ **Salaried employee for a company in which you have a financial interest**

b) What is your occupation?

c) What is your business/employer's name?

d) What is your business/employer's address?

e) Please give details of your occupation(s) over the last five years including periods of unemployment, beginning with your current occupation.

From	To	Occupation	Employer/name of business

f) When do you expect to return to your usual occupation? Please give dates.

☐ Part time ☐ Full time

4.0 Work capacity details

a) Are you limited by your disability? Yes ☐ No ☐

If **yes,** please describe your limitations.

b) When did you stop work in your usual occupation? Date Time am/pm

Please give details.

c) Did you cease work solely due to sickness or injury? Yes ☐ No ☐

d) Did you cease work on this date on medical advice? Yes ☐ No ☐

If **no,** please give details.

5.0 Declaration and consent

Please read and sign this declaration.

This application collects personal information about you, the Member for whom you are claiming under the Scheme Policy. The intended recipient of this information is Partners Life Limited ("the Company").

Failure to provide this information may result in your claim being declined or unable to be assessed. You have the right to request access to and correction of your respective personal information at any time by contacting Partners Life on 0800 14 54 33.

Declaration

I am the Member and hereby claim the benefit amount payable on the basis of the statements and information provided by the Scheme Policy Owner and I in this claim form which I believe to be accurate and complete in every respect.

As part of a medical insurance claim with the company, I, the Member, consent and give authority to the Company to seek from, and for all and any of the following, their officers and employees, to disclose to the Company,
its advisers, reinsurers and to any legal tribunal before which any question concerning the insurance may arise, any medical, financial or other personal information affecting such insurance which they may hold in respect of me:

- Registered medical practitioners and specialists
- Dentists
- Counsellors, psychologists and therapists
- Government departments, agencies, organisations and enterprises
- Hospitals (whether public or private)
- Accident Compensation Corporation
- Insurers (whether public or private)
- Credit rating and collection agencies
- Employers (whether current or not)

I agree that a photocopy, facsimile or scan of this authority will be valid as an original.

Privacy Act requirements

- This claim form and any supplementary material which may be required in connection with this claim is a collection of personal information.
- This information will be used to: assess and administer this claim; service and administer the Scheme Policy; maintain relevant statistical records; and provide you with information about other products and services offered by Partners Life Limited.
- You are required to provide the medical information which has been requested so as to comply with your common law duty to disclose all matters material to the insurance.
- The information will be held by Partners Life Limited at the address on this form, and/or by Partners Life's data storage providers, which includes cloud-based data storage providers (both in New Zealand and overseas).
- Under New Zealand privacy law, you have the rights of access to, and correction of, any information provided.

I hereby declare that the statements in this form are true and correct in every respect and that I have not abstained from engaging in or attending to any profession, business or occupation either totally or partially longer than absolutely necessary as a result of injury or sickness. I will provide Partners Life Limited such further evidence of my claim as may reasonably be required. If any answer is not in my handwriting, I declare that it has been written down at my dictation.

Name of Member

Signature of Member

Date

Once completed please scan and email to claims@partnerslife.co.nz or post to:
Partners Life Limited. Private Bag 300995, Albany, Auckland 0752, New Zealand