



# Involuntary Unemployment and Carer Cover Claim Form

## Important Information

Please ensure that all sections of this claim form are fully completed and the requested evidence attached. We are unable to consider your claim unless all relevant information has been provided.

## Insured Details

Loan Protection Insurance Policy Number

Title

Given Name(s)

Surname

Sex

Date of Birth

Occupation

Address

State

Postcode

Contact Telephone Numbers

Home

Business

Mobile

Email Address

Please attach certified proof of your identity (birth certificate, driver's licence or current passport).

## GST Information

Are you registered for GST purposes?

Yes  No

If YES, what is your Australian Business Number (ABN)?

Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made?

Yes  No

If YES, what percentage of the GST did you claim or are entitled to claim?

(If the GST paid and your ITC entitlement is the same amount, the answer to this question is 100%)

%

## Loan Contract Details

Credit Provider Name

Contract Number

Monthly Repayment

\$

Payment Due

Please provide a copy of your finance contract.

## Declaration / Authorisation (To be signed by the Insured)

Insurance issued by AAI Limited ABN 48 005 297 807 AFSL 230859 and distributed by MTA Insurance Pty Ltd. AAI Limited and MTA Insurance Pty Ltd are members of the Suncorp Group.

I hereby declare that the facts I have submitted on this form are true and correct and I agree that if I make any false statements my right to compensation may be forfeited.

I acknowledge that the information I have provided on this form is necessary for AAI Limited, ABN 48 005 297 807, to assess my claim.

I agree that AAI may disclose information to, or obtain information from, other insurers, credit providers, claims assessors, Centrelink, my current or a previous employer, insurance contractors, medical practitioners and specialists, including but not limited to, those names on this claim form.

Please note that if you do not agree to this, then it may not be possible to properly assess your claim. For a copy of AAI's privacy policy please refer to your Product Disclosure Statement or [www.suncorp.com.au/privacy](http://www.suncorp.com.au/privacy)

Signed

Date / /

## Unemployment Details (Where insured was an employee and became involuntarily unemployed)

Occupation prior to unemployment

Name and Address of last employer:

Name

Address

State                      Postcode

Telephone

Employment Status:     Permanent     Part Time     Casual     Seasonal     Contract     Specified Period

Average hours worked per week

Length of employment with above employer

Date employment commenced

Date employment ceased

Reason for ceasing employment

Did you voluntarily resign?

Yes  No

Date registered with Centrelink (or equivalent) as unemployed

Date re-employment commenced

**Attach a copy of your separation certificate, and proof of registration with Centrelink (i.e. a Centrelink income statement) or equivalent government authority or recognised recruitment or personnel agency or any other reasonable evidence to demonstrate you are Actively Seeking Employment.**

**Note: You will need to provide ongoing regular confirmation of unemployment from Centrelink or equivalent government authority or recognised recruitment or personnel agency or other reasonable evidence to demonstrate that You are Actively Seeking Employment on an ongoing basis.**

## Unemployment Details (Where insured was self-employed)

Occupation prior to unemployment

Average hours worked per week

Date self-employment commenced

Date of insolvency/administration/receivership/liquidation

Date registered with Centrelink (or equivalent) as unemployed

Date re-employment commenced, if applicable

**Please attach:**

- **Confirmation from the insolvency administrator, receiver, liquidator or trustee that the business has ceased trading as direct result of actual or imminent insolvency or bankruptcy; AND**
- **Copy of your separation certificate and proof of registration with Centrelink (i.e. a Centrelink income statement) or equivalent government authority or recognised recruitment or personnel agency or any other reasonable evidence to demonstrate you are Actively Seeking Employment.**

**Note: You will need to provide ongoing regular confirmation of unemployment from Centrelink or equivalent government authority or recognised recruitment or personnel agency or other reasonable evidence to demonstrate that You are Actively Seeking Employment on an ongoing basis.**

**Full-Time Carer Details** (Where insured has terminated employment to give full-time care on advice of a Medical Practitioner)

Occupation prior to becoming a full-time carer

Name and Address of last employer:

Name

Address

State

Postcode

Telephone

Previous Employment Status:

Permanent    Part Time    Casual    Seasonal    Contract    Specified Period    Self Employed

Average hours worked per week

Length of employment with above employer

Date employment commenced

Date employment ceased

Immediate Family Member for whom you are/were caring for on a full-time basis

Date re-employment commenced, if applicable

**You must attach:**

- **Written advice from a Medical Practitioner that an Immediate Family Member requires care on a full-time basis and the duration for which such care is required; AND**

**If you were an employee you must provide:**

- **A separation certificate or equivalent from your immediate past employer**

**If you were self-employed you must provide:**

- **A statutory declaration stating that you have voluntarily ceased your usual occupation.**

**How to contact us:**

**Mail:** PO Box 1453  
IPC: 4CI231  
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