

Claim for Unemployment Benefit

CHECKLIST

Prior to forwarding your claim to the address above please ensure you have:

- | | |
|--|---|
| <input type="checkbox"/> Answered all the questions | <input type="checkbox"/> Provided with this claim form a copy of your Employment Separation Certificate or any other documentation submitted to Centrelink or your Job Network Agency |
| <input type="checkbox"/> Had Centrelink or your Job Network Agency complete the relevant section | <input type="checkbox"/> Completed all declarations on page 3 |
| <input type="checkbox"/> Signed and dated the claim form | |

Please be advised that we will be unable to assess your claim if all requested information is not provided

PRIVACY OF INFORMATION

What Information we collect

The forms we require you to complete to make a claim only ask you for information that is necessary for us to assess your claim. We may also obtain personal information on you from any other forms you complete, from a third party who provides information with your consent, or from your Financial Institution. The information we obtain from these third parties may include your past employment history, as it may impact on the claim being assessed.

If you don't give us the information

If you do not give us all the information requested, we may not be able to process your claim.

How we use the information

We use the information we collect on you to assess your entitlement to benefits in respect of any claim submitted.

Disclosures

We will only disclose information about you to a third party if we need to in order to process, investigate and assess any claims. The parties to whom we may disclose your information include:

- Reinsurer's, Loss assessors and investigators, Legal Counsel, and External complaints and dispute resolution bodies.

We may also disclose information about you to a third party if required by law. Your Financial Institution may keep a copy of any forms or information you provide to us through their office.

Access to information

You are entitled to access your personal information, except in some limited circumstances outlined in the *Privacy Act 1988 (Cth)*. You can request access to your personal information by writing to us.

Privacy enquiries or complaints

We have internal procedures in place to ensure that any concerns you may have relating to privacy of your information are resolved promptly, including access to our Internal Dispute Resolution Panel. If we are unable to resolve your complaint internally, you can direct your complaint to the Director, Compliance, Office of Federal Privacy Commissioner, either on 1300 363 992 or by mail to GPO Box 5218, Sydney, NSW 2001.

Please ask us if you have any queries on what personal information we collect or how it will be used. A copy of our Privacy Policy is available on request.

PERSONAL DETAILS

Full Name Mr/Mrs/Miss/Ms/Other

Date of Birth

 / /

Address

Postcode

Complete Telephone Number

Policy Number

Name of Financial Institution

Membership Number

LAST EMPLOYMENT DETAILS

Name and Address of last Employer

Phone No.

Date last worked

 / /

How long with that Employer?

LAST EMPLOYMENT DETAILS con't

Employed from / / to / /

Occupation prior to becoming Unemployed

How long in that Occupation? YEARS MONTHS

When did you first learn you were to become Unemployed? DAY MONTH 200

Nature of Employment:

Permanent Part-Time Contract Seasonal Casual Other
(Please provide details)

On average, how many hours per week did you work?

Reason for leaving job:

Dismissed Retrenched Resigned End of contract End of season Other
(Please provide details)

CURRENT EMPLOYMENT STATUS

On what date did you register as Unemployed with Centrelink? DAY MONTH 200

Have you obtained alternative employment? YES NO

If YES when did/will you commence? DAY MONTH 200

UNEMPLOYMENT CERTIFICATE

To be completed by Centrelink or a Registered Job Network Agency

This is to certify that

residing at

registered as being unemployed on / / Jobseeker Number

Is this person still registered as Unemployed? YES NO

Type of benefit granted:

Newstart Allowance Parenting payment Youth Allowance Other

If not in receipt of benefits, please advise reason:

Has a Separation Certificate been provided by the previous employer? YES NO

If 'Yes', please provide us with a copy.

If 'No', please advise what other documentation has been provided:

Signed Registrar

Branch Stamp

Date

/ /

IMPORTANT NOTES TO INSURED

- The date of acceptance is generally the date you register as being unemployed with Centrelink. As per your policy, payments will commence following the expiry of your policy waiting period (subject to our acceptance of your claim and you complying with the policy terms and conditions).
- You must continue to actively seek employment and forward the necessary documentation to show you are currently registered with Centrelink as being unemployed. We would suggest you forward such documentation on a regular fortnightly or monthly basis.
- Please ensure you have fully completed the claim form. As an incomplete claim form may cause delays in processing of your claim.

DECLARATION AND AUTHORITY

This declaration must be signed by the claimant without alteration, otherwise we may not assess or accept the claim.

1. I agree that all costs incurred in obtaining evidence in relation to my claim (including the cost of obtaining information from Centrelink or any employer) will be at my own expense.
2. I declare that I have been continuously Unemployed from / / to / /
3. I declare that the statements and particulars supplied by me on this form are true and correct (including those not in my own handwriting) and that I have not withheld any information relevant to this claim. I understand that I will not receive any payment if my claim is fraudulent.
4. I declare that I have read and understand the Privacy of Information statement and consent for you to collect, use and disclose personal information on me, including health information, in the way described in the statement.

Insured's Name

Date

 / /

EMPLOYER AUTHORITY

I authorise my employer (or former employer) to provide CUMIS Insurance Society Inc. ABN 72 000 562 121 and CUNA Mutual Australia ABN 75 089 981 037 with all information and copies of documents requested by them regarding my employment. I agree that a photocopy of this authority is as valid as the original.

Insured's Name

Signature

Date

 / /

CENTRELINK AUTHORITY

I authorise Centrelink to provide CUMIS Insurance Society Inc. ABN 72 000 562 121 and CUNA Mutual Australia ABN 75 089 981 037 with all information and copies of documents requested by them regarding my unemployment and any payments or benefits. I agree that a photocopy of this authority is as valid as the original.

Insured's Name

Signature

Date

 / /

When you have completed this form, please send it to:

CUMIS INSURANCE SOCIETY INC.
GPO BOX 1276 SYDNEY 2001

CUMIS Insurance Society Inc. ABN 72 000 562 121. Level 10, 345 George St Sydney NSW 2000
Phone: (02) 9295 5555 or from outside Sydney Metro area Free Call 1800 226 122

Notes and additional information:



Level 10, 345 George Steet Sydney NSW 2000, GPO Box 1276 Sydney 2001
Phone: (02) 9295 5555 or from outside Sydney Metro area Freecall: 1800 226 122