

INSURED'S STATEMENT

Please complete:

Claim number

- section 1 and 2 for all Disability (illness or injury) claims
- section 1, 3 and 4 for Involuntary Unemployment claims.

Send the completed form to OnePath General Insurance Pty Limited, GPO Box 4028, Sydney NSW 2001.

For further information, call 1800 354 970.

1. DETAILS OF INSURED

Details of Insured

Family name

Given name(s)

Email

Note: Provide your email address to receive information on the progress of your claim by email.

2. THIS SECTION TO BE COMPLETED BY TREATING PHYSICIAN

Disability Claims

I certify that

is suffering from (state full condition)

and is totally disabled from performing their occupation from

(dd/mm/yy) to

(dd/mm/yy)

Signature

Date (dd/mm/yy)

Name of doctor

Qualifications

Postal address

State

Postcode

Phone number

Note: The insured person is responsible for any fee for this statement.

3. THIS SECTION TO BE COMPLETED BY CENTRELINK

I declare that

is unemployed and has been registered since

(dd/mm/yy) with CentreLink.

Date

(dd/mm/yy)

CentreLink Authorised Representative

CentreLink Official Stamp

4. THIS SECTION IS BE COMPLETED BY THE INSURED PERSON

I declare that I am still unemployed and I am registered with Centrelink.

If you are not registered with Centrelink, please provide reasons as to why.

I have not returned to any paid employment since

(dd/mm/yy)

Signature

Date (dd/mm/yy)