

# Loss of life benefit Claim form

**Important Notice:** Please answer all questions fully to ensure the claim is assessed as quickly as possible. Answers left blank or not fully completed may delay the assessment of any entitlements to benefits. U-Cover are acting on behalf of the insurer, Hannover Life Re of Australasia Ltd (HLRA) and will be dealing with this insurance claim as an agent of the insurer and not the insured. False or fraudulent statements or failure to advise HLRA of any relevant information may lead to HLRA refusing to pay this claim.

## 1. Employer details

Name of employer

## 2. Member's details

Surname

Given name(s)

Date of birth (DD/MM/YY)

## 3. Contact person submitting this claim

Title

Surname

Given name(s)

Relationship to the deceased

Phone

Email

Postal Address

Suburb

State

Postcode

## 4. Information

Please specify the date of death  
of the deceased person (DD/MM/YY)

Please specify the cause of death of the deceased person

Please give details of the Insured/Deceased person's usual Doctor:

Name

Speciality

Consultation date (DD/MM/YY)

Phone

Suburb

Please provide details of **any** other General Practitioners that the Insured/Deceased person has consulted in the past 5 years:  
(Please attach another sheet if necessary)

Name

Speciality

Consultation date (DD/MM/YY)

Phone

Suburb

Name

Speciality

Consultation date (DD/MM/YY)

Phone

Suburb



Please attach a certified copy of the Death Certificate with your completed form

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## 5. Privacy Statement, Authorities and Declaration

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website [www.ucover.com.au](http://www.ucover.com.au) or alternatively contact our Privacy Officer on 02 9376 7888.

Signature

Address

**Medical Authority:** As duly authorised representative of the estate of the deceased I hereby authorise any hospital, physician, insurer, Medicare, employer or other person who has attended the deceased to furnish to U-Cover Pty Ltd or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescription or treatment and copies of all medical records. I also authorise any and all information regarding Worker's Compensation claims or claims with any other insurer to be released to U-Cover Pty Ltd. I agree that a photocopy or fax copy of this authorisation shall be considered as effective and valid as the original.

I also authorise U-Cover Pty Ltd or its representatives to provide to the deceased Employer or Employer's representatives any information about the deceased.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in further declaration in respect of the said claim make any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, payment of my claim may be refused.

Name

Date (DD/MM/YY)

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## Returning Your Form

Please ensure you have completed all necessary information and have attached a certified copy of the death certificate before returning your form to U-Cover via post, email or fax using the details to your right.

## Contact U-Cover

Wageguard is managed and administered by U-Cover Pty Ltd (ACN 134 723 587) as the Trustee for the U-Cover Trust (ABN 64 608 402 587) Authorised Representative no.334641 of AFSL 238874 held by Coverforce Pty Ltd  
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