



Australian Federated Union of Locomotive Employees FUNERAL BENEFIT CLAIM FORM

This claim form consists of 2 parts and all sections must be completed in full.

Section A Beneficiaries Declaration – Section A is a 2 page form and is to be completed by the Beneficiary.

Section B Employer's Declaration – Section B is a 1 page form and is to be completed by the Union Member's employer.

Important information

1. A claim cannot be assessed until we receive all sections of the original completed claim form.
2. To have a valid claim you must provide original/certified copies of the death certificate, funeral receipts, proof of your relationship to the deceased and proof of beneficiary.
3. Incomplete questions may delay the assessment process and the claim form could be sent back to be completed.

Please forward the completed claim form to: **Attention: Claims Department**
Windsor Income Protection
PO Box 3651
Rhodes NSW 2138

If you have any questions, please don't hesitate to contact our claims department on **1300 547 966**

Section A – Claimant Statement

AFULE Member's Details

Name on AFULE membership			
AFULE member number	(If uncertain, please contact AFULE on 07 3257 1151)		
At the time of death, was the member employed	<input type="checkbox"/> Yes	OR	<input type="checkbox"/> No
AFULE member is the	<input type="checkbox"/> Deceased	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other, please specify _____

Deceased's Details

Given name		Surname		Title	
Address					
Suburb		State		Postcode	
Gender	<input type="checkbox"/> Male OR <input type="checkbox"/> Female	Date of Death	/ /	Date of Birth	/ /
Marital Status	<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced	/ /	<input type="checkbox"/> Separated	/ /
	<input type="checkbox"/> Married / /	<input type="checkbox"/> De Facto, please advise period lived together _____ Years _____ Months			
Beneficiary relationship to deceased	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> De Facto <input type="checkbox"/> Other, please specify _____				
Cause of death	<input type="checkbox"/> Natural Causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide				
If death was due to natural causes, please specify the medical condition					

If death was due to an accident, specify how, when & where it occurred					
Beneficiaries Details					
Given name		Surname		Title	
Address					
Suburb		State		Postcode	
Home phone		Mobile			
Fax		Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth / /
Email					
Other Benefit Details					
Are any of the funeral expenses covered by another Insurer/company?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please complete the below and provide details of your claim. For example an acceptance letter, copies of any benefits and receipts.					
Insurer/Company name					
Contact person		Contact No.			
Beneficiaries Bank Details (please ensure proof of beneficiary is provided)					
Name of financial institution					
Name on account					
BSB number		Account No.			
Authorised Representative's (this section is optional)					
Complete this section if you wish to authorise a family member or friend to assist you with the claims process, as it is required to disclose any personal information about your claim which includes medical, financial, employment and insurance information.					
Name of authorised representative					
Representative's relationship to you		Representative's date of birth	/ /		

Declaration & Authorisation

Privacy Statement

In this statement “we”, “us” and “our” means Lloyd’s and Windsor Income Protection as its agent.

We are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

Our Privacy Policy, available at www.windsorip.com.au or by calling us, sets out how:

- we protect your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the Privacy Principles or Registered Privacy Code and how we will deal with such a complaint.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties who assist us in providing the above services. These parties (which include our related entities, distributors, agents, insurers (including reinsurers) and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). Some of these parties may be located outside of Australia which includes but is not limited to the United Kingdom.

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by us by contacting Windsor Income Protection on 1300 547 966 or via email at info@windsorip.com.au.

1. I hereby declare that I am the Legal Owner / Beneficiary of this policy and authorise Windsor Income Protection to disclose the personal information to any of the following parties: any authorised representative of Windsor Income Protection, AFULE, funeral parlour, physician, hospital and healthcare provider who has attended or examined the deceased.
2. I hereby authorise and give consent to Windsor Income Protection to collect any information for the assessment of my claim, for any of the following: AFULE, employer, workers compensation insurer, insurance company, government department, claims assessor, legal firm, funeral parlour, physician, hospital, healthcare provider who has attended or examined the deceased in order for Windsor Income Protection to be able to be supplied with my full medical history including but not limited to any medical or hospital records, reports, clinical notes and referral letters.
3. I hereby declare that all information that I’ve supplied is true and correct in every aspect. I have not made any false or misleading statements.
4. I do understand that this claim and any future claims may be refused if any information I’ve provided is not true, misleading or relevant information has been withheld.
5. A photocopy, emailed and fax copy of this authority is considered as effective and valid as the original.

Name (please print)			
Signature		Date	/ /

Prior to sending us your claim, please ensure the following document are attached

- Certified copy of the Death Certificate.
- Proof of identification for the Beneficiary, such as drivers licence, passport etc.
- Proof of identification for the Deceased, such as drivers licence, passport etc.
- Proof of relationship for example certified copy of the marriage certificate etc.
- Original/Certified copies of all funeral receipts.

Section B – Employer’s Statement

Employee’s Details

Employee’s name		Employee’s number	
Employee’s occupation			
Employment type	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Self-Employed
Employee’s work status	<input type="checkbox"/> Employed	<input type="checkbox"/> Resigned / /	<input type="checkbox"/> Terminated / /
Date commenced employment	/ /		

Employer’s Declaration and Authority

I hereby certify I’m authorised to answer the above on behalf of the employer & all information I’ve supplied is true & correct. I acknowledge Windsor Income Protection may provide these forms to required representative or third parties necessary to assist the ongoing assessment of the claim.

Company name			
Manager/Supervisor name		Job title	
Address			
Suburb		State	Postcode
Phone number		Fax No.	
Email			
Signature		Date	/ /