Make a Fee Secure or Bill Protect Claim

Thank you for contacting Swann Insurance

You must have access to a printer in order to access this form. If you do not have access to a printer please contact our office on 1300 657 382 and an alternative will be sent.

HOW TO COMPLETE YOUR UNEMPLOYMENT CLAIM FORM

Your claim form must be completed in full. An incomplete form may cause delay in the assessment of your claim.

Please ensure:

- You (the insured) complete the front page and the first box on the second page of your unemployment claim form.
- That you (the insured) and a witness have both signed and dated your claim form.
- Centrelink completes the "Certificate of Centrelink/Job agency" section on your claim form.
- Your last employer completes the "Employer's Declaration" section of your claim form. If you experience difficulties in completing this section, please attach a copy of your "Employment Separation" certificate to your claim from.
- If your employment ceased more than three (3) months ago, a letter is attached to your claim form detailing the reason(s) for the late lodgement of your claim.

Other useful information

If you have submitted your claim form and it has been accepted by Swann Insurance, we will require you to provide ongoing confirmation of your unemployment in order for us to maintain continuous payments to your financier.

Please advise us on 1300 657 382 if you return to any form of employment during the period you are claiming for.

It is important that all questions are correctly and fully answered by the policy holder. This will enable Swann Insurance to proceed with the processing of your claim; delays could occur if the claim is completed by someone other than the policy holder or if insufficient information is supplied. If for some reason the policy holder is unable to complete this form, please contact the office to discuss options.

Third Person authority to enquire

If you wish to provide authority for another person to discuss your claim on your behalf, please complete the attached authorisation and return with your completed claim form.

Fax: 1300 657 370
Email: swann.cci.claims@swanninsurance.com.au
Post: Locked Bag 3274, Melbourne VIC 3001

The way we handle your personal information

You agree that, by submitting this claim, the personal information you provide to Swann Insurance for the purposes of making this claim, may be collected, held, used and disclosed in the manner set out in the Swann Insurance Privacy Policy found at www.swanninsurance.com.au/privacy, including for the purposes of the determination and / or settlement of, this claim.

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INVOLUNTARY UNEMPLOYMENT CLAIM FORM

Insurer: **Insurance Australia Limited** ABN 11 000 016 722 AFS Licence No 227681 trading as Swann Insurance (Swann Insurance).
All questions must be answered.
Please print and indicate ☑ where applicable. If insufficient space provided, please write on a separate sheet and attach to the form.

IMPORTANT NOTE

Please ensure that you have answered all questions relating to yourself and your Creditor, and arrange for Centrelink/Job Agency Certificate and Employers Declaration to be completed. Please note that an incomplete claim form will cause delay in assessment. If your claim is accepted, benefits under your policy will commence after the excess period.
Please forward your completed claim form to the Swann Insurance office in your State within 30 days of the occurrence. Please notify Swann Insurance when you recommence employment.

your personal details

TITLE (e.g. MR/MRS) | SURNAME | GIVEN NAMES | DATE OF BIRTH

ADDRESS | POSTCODE | TELEPHONE NO. ( )

NAME OF FINANCIER | ADDRESS | POSTCODE

LOAN CONTRACT/MEMBER NO. | DATE POLICY COMMENCED / / | MONTHLY INSTALMENTS $

DATE LAST PAID / / | AMOUNT OF LAST PAYMENT $

IF YOU HAVE PREVIOUSLY CLAIMED UNEMPLOYMENT BENEFITS UNDER YOUR POLICY, PLEASE PROVIDE SWANN INSURANCE WITH A LETTER FROM YOUR LAST EMPLOYER, STATING THE PERIOD EMPLOYED AND THE BASIS ON WHICH YOU WERE EMPLOYED.

claimant's statement

EMPLOYER AT LOAN COMMENCEMENT DATE | ADDRESS | POSTCODE

TELEPHONE NO. ( ) | OCCUPATION | DATE EMPLOYED FROM / / TO / /

ON WHAT BASIS WERE YOU EMPLOYED AT LOAN COMMENCEMENT DATE?

FULL TIME ☐ CASUAL ☐ PART TIME ☐ CONTRACT ☐ SEASONAL ☐ TEMPORARY ☐

WHAT WAS YOUR REASON FOR LEAVING THIS EMPLOYMENT?

RESIGNED ☐ RETRENCHED ☐ DISMISSED ☐ END OF CONTRACT ☐ MADE REDUNDANT ☐ TEMPORARY ☐

OTHER ☐ PLEASE GIVE EXPLANATION

NAME OF LAST EMPLOYER | ADDRESS | POSTCODE

TELEPHONE NO. ( ) | OCCUPATION | DATE EMPLOYED FROM / / TO / /

ON WHAT BASIS WERE YOU EMPLOYED AT LOAN COMMENCEMENT DATE?

FULL TIME ☐ CASUAL ☐ PART TIME ☐ CONTRACT ☐ SEASONAL ☐ TEMPORARY ☐

WHAT WAS YOUR REASON FOR LEAVING THIS EMPLOYMENT?

RESIGNED ☐ RETRENCHED ☐ DISMISSED ☐ END OF CONTRACT ☐ MADE REDUNDANT ☐ TEMPORARY ☐

OTHER ☐ PLEASE GIVE EXPLANATION

declaration

I hereby declare that:

1. I am the person insured by Swann Insurance and referred to in the foregoing particulars.
2. I agree that if I have made, or in any further declaration which Swann Insurance may require of me, shall make, any false declaration or statement in support of my claim my right to any Benefit shall be forthwith forfeited.
3. I authorise the Centrelink/Job Agency or any person or firm who has employed me, to furnish to Swann Insurance any information it may request in respect of my employment and unemployment.
4. I authorise the creditor to provide Swann Insurance with details of my loan for administration of this claim.
5. To the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
6. I/we agree that, by submitting this form the personal information I/we provide to Swann Insurance in this form or otherwise may be collected, held, used and disclosed in a manner set out in the Swann Insurance Privacy Policy found at www.swanninsurance.com.au/privacy, including for processing this claim.

SIGNATURE OF INSURED | SIGNATURE OF WITNESS | DATE / /

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: **www.afca.org.au**
Email: **info@afca.org.au**
Telephone: **1800 931 678 (free call)**
In writing to: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

certificate of centrelink/job agency

IS THE CLAIMANT REGISTERED AS A JOBSEEKER? NO ☐ YES ☐

IF THE CLAIMANT IS RECEIVING JOB SEARCH ALLOWANCE/UNEMPLOYMENT BENEFITS, PLEASE COMPLETE THE FOLLOWING:

THIS IS TO CERTIFY THAT (FULL NAME)

OF (ADDRESS)

WAS REGISTERED AS BEING UNEMPLOYED ON (DATE) / / ALLOWANCE/BENEFITS OF

PER WERE GRANTED FROM (DATE) / / AND HAVE BEEN PAID TO (DATE)

IF THE CLAIMANT IS NOT RECEIVING JOB SEARCH ALLOWANCE/UNEMPLOYMENT BENEFITS, PLEASE ADVISE THE REASON WHY

SIGNATURE OF AUTHORISED OFFICER | BRANCH STAMP | DATE / /

employers declaration (to be completed by the last employer)

NAME OF EMPLOYEE

DATE EMPLOYED FROM / / TO / /

ON WHAT BASIS WERE THEY EMPLOYED?

FULL TIME ☐ CASUAL ☐ PART TIME ☐ CONTRACT ☐ SEASONAL ☐ TEMPORARY ☐

EMPLOYMENT WAS TERMINATED DUE TO MISCONDUCT ☐ SHORTAGE OF WORK ☐ EMPLOYEE CEASED WORK VOLUNTARILY ☐

OTHER ☐ PLEASE GIVE EXPLANATION

SIGNATURE | POSITION | COMPANY NAME (PLEASE AFFIX COMPANY STAMP IF AVAILABLE)

swann insurance
protect what you love

Third Person Authority to make and receive claims enquiries in relation to my claim

If you wish to provide authority for another person to discuss your claim on your behalf, please complete the following authorisation and return with your completed claim form.

I , _____ (name) of

_____ (address),

freely give permission for:

Name: _____

Address: _____

Contact Ph. No.: _____

to contact and be contacted by Swann Insurance to discuss information relating to and about my disablement claim, (number _____).

I know that I may request a copy of this authorisation. I agree that a copy of this authorisation shall be as valid as the original.

I understand that this authorisation shall be valid until my claim is processed and finalised, and that I have a right to revoke this authorisation by written notification to Swann Insurance.

Signed by ……

Print name ……...

Dated ……

Witness signature ……..……..……..……..

Print name ……..……..……...

Dated ……