

Death Claim Form



Privacy- Use and Disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' and the 'Insurer')

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so we may not be able to provide you with our products or services.

MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in its privacy policy which details information about how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Claim form instructions

We want to make the claims process as easy as possible. Please complete all the sections of the form.

- Section 1: Deceased details
- Section 2: Your details
- Section 3: Death details
- Section 4: Declaration and authority

Please note that issuing this claim form is not an admission of liability.

If you have any questions or need assistance with the completion of this form please call us on 1800 221 599, Monday to Friday between 8am to 6pm AEST.

Forward the completed claim form and documents to:

Claims Department
MetLife Insurance Limited
GPO Box 3319
Sydney NSW 2001

Or fax it to: 1300 131 049

Or email us: auserVICES@metlife.com

MetLife Insurance Limited
ABN 75 004 274 882
AFSL No. 238096

Section 1: Deceased details

Death Claim relating to Policy no. _____

Details of deceased

Title _____ Given name/s _____

Surname _____ Date of birth _____

Address _____

Suburb _____ State _____ Postcode _____

Section 2: Your details

Your relationship to the deceased:

Legal Personal Representative

Solicitors or Trustee representing the Estate

Other (please specify)

Title _____ Given name/s _____

Surname _____ Date of birth _____

Address _____

Suburb _____ State _____ Postcode _____

Phone no. (H) _____ Phone no. (W) _____ Mobile no. _____

Email _____

Section 3: Death details

Please attach a certified copy of the Death & Birth Certificate.

1. Date of death _____

Cause of death

Duration of illness (if applicable).

2. Name and address of medical practitioners who would be able to provide information regarding the deceased's medical history:

Name	Address and phone number

3. Is the Estate being handled by: Solicitors Public Trustee Trustee company Other

Provide name and address below:

Name	Address and phone number

Additional comments



Section 4: Declaration and authority

I declare that the answers and statements made on this claim form are true and complete. I have not made any false or misleading statements. If any of the answers are not in my handwriting I certify that I have checked them and they are correct.

I hereby declare that I am over 18 years of age and that I am legally entitled to claim the proceeds of the said policy/ies, in my capacity as * _____ of the deceased, and hereby undertake to indemnify MetLife Insurance Limited against any loss it may incur in paying the proceeds of the policy, and that the particulars which are given in this claim form are true and correct; and

I have read and understood the Privacy Disclosure Statement contained in the section head "Privacy-Use and Disclosure of personal information. I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement above and MetLife's Privacy Policy.

I understand:

- ♦ the information requested is required to enable MetLife Insurance Limited to assess and manage the claim in accordance with the terms and conditions of the policy and any associated costs will be payable by me;
- ♦ that if I do not give the information requested throughout this form, the claim may not be investigated or assessed and therefore the claim may not be payable.

Signature _____

Name _____

Date _____

* State here in which capacity you claim (e.g. as Legal Personal Representative of the Estate)



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