



Income protection continuing claim statement

Policy details

Policy owner name

Policy number

Case number

Important information

- Please make sure all relevant questions and sections are fully completed. If there is insufficient space, please attach additional pages.
- If you have any questions regarding the completion of this form, please contact either your financial adviser or us on our toll free number below.
- For completion by the insured on the policy.

Claims Hotline:

1300 125 246 (1300 1 CLAIM)

Insured's details

Surname (Family name)

Given name(s)

Residential address (not a PO Box). Only complete if your details have changed.

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Postal address (if different from above)

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Home phone number

Mobile phone number

Email



Disclosure to authorised representative (optional)

We understand you may have already provided a signed client representative disclosure authorising a family member or friend to receive information regarding your claim and policy. Should you wish to update this information, please complete the details below.

I, authorise the person listed below to receive information on my behalf about my claim and policy. They have been made aware and have consented to their personal details (name, date of birth and relationship to me) being given to MLC Limited.

I acknowledge that the information provided may include any information that MLC Limited holds about me in respect of my claim and policy including health, lifestyle, employment, financial and insurance information.

Disability details

1 What is your current medical condition(s)?

2 Since submitting your last continuing claim statement has there been a change in your condition or circumstances?

No Please go to **Question 3**

Yes **Please provide details below**

3 Since submitting your last continuing claim statement have you earned any income from any source?

No Please go to **Question 4**

Yes **Please provide details below**

4 Since submitting your last continuing claim statement have you engaged in any employment, or participated in any voluntary activity, either paid or unpaid?

No Please go to **Question 5**

Yes **Please provide details below**

5 Please provide any additional information which you feel may assist in the ongoing management of your claim.

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Declaration and authority

I declare that:

- 1 The answers to the questions in this form and any other relevant personal statement(s) and questionnaires are true and complete.
- 2 If any answers to the questions are not in my handwriting I have checked them and they are true and correct. I understand that if I do not give the information requested by MLC Limited or its representative that MLC Limited may not be able to assess, or pay my claim.
- 3 I have not made any false or misleading statement(s) and I have included all information relevant to the assessment of my claim.
- 4 I authorise MLC Limited to disclose my personal information (which may include sensitive or health information) to the following parties. I consent to these parties collecting information about me and releasing to MLC Limited their report and any information they may hold about me.
 - Any physician, hospital or any other healthcare provider who has attended or examined me in order for them to supply MLC Limited with full particulars of my medical history including copies of all hospital or medical records, referral letters, reports and details of any clinical notes that have been made.
 - Any claims assessor, investigator, medical professional, healthcare provider, legal or accounting firm, auditor, past and present employers, consultant or reinsurer for the purposes of producing a report concerning my claim and/or policy.
 - Any benefit provider such as other insurers or Government Departments (eg Workers' Compensation insurers, accident compensation insurers, Centrelink or similar benefit providers) that provide benefits.
- 5 I authorise MLC Limited to provide my Financial Adviser with copies of all correspondence (which may include personal and sensitive information) in respect of the claim. I also authorise my Financial Adviser to make inquiries regarding the progress of the claim for the purpose of providing me with ongoing service.

A photocopy of this authority is as valid as the original.

Name of Insured (PLEASE PRINT)

Signature

	Date (DD/MM/YYYY)			

Send us your form

Please send your completed form to us at:

**MLC Life Insurance
Claims Support Team
PO Box 23314
Docklands VIC 3008**

Email: claims.retail@mlcinsurance.com.au

If you have any questions you can call us on **1300 125 246** Monday to Friday between 8.30 am and 6.00 pm (Melbourne/Sydney time).



Continuing Statement Treating Doctor's Report

For completion by the insured's treating doctor. Please provide an update on the Insured's condition since completion of the last Medical Certificate.

Insured's name

Policy number

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1. What is your current diagnosis of the Insured's condition?

2. What treatment is the Insured currently receiving for their medical condition?

3. Do you anticipate any change in the Insured's condition in the next six months?

No Please go to Question 4

Yes Please provide details below

4. Please include copies of any medical reports/test results received since completion of the last certificate.

5. Please provide any additional information which you feel may assist in the ongoing management of the Insured's claim.

Declaration and authority

I hereby certify that I have personally attended the above patient and that all the information supplied by me on this form is true and complete.

I acknowledge that:

- this information is provided for the primary purpose of the assessment and investigation of a claim;
- MLC Limited may provide copies of this form to any trustee, administrator of any superannuation fund of which the patient is a member of. Copies may also be provided to third parties, for example, medical specialists or claims assessors from whom MLC Limited seeks an independent report or to any other person deemed necessary to assist in the assessment or investigation of this claim.

Name (PLEASE PRINT)

Qualification

Address

								Postcode	

Telephone

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Facsimile

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Signature

	Date (DD/MM/YY)						
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If you have any questions please call us on **1300 125 246 (1300 1 CLAIM)**. Return this form and any attachments by either scanning and emailing claims_administration@mlc.com.au or by mail directly to:

MLC Life Insurance
Claims Department
PO Box 23455
Docklands VIC 3008