



# Business expenses claim form

## Policy details

Policy owner name

Policy number

Case number

## Important information

- Please ensure all relevant sections and questions are fully completed. This will ensure your claim is assessed as quickly as possible. Missing or incomplete information may delay the assessment of your claim.
- Misleading or fraudulent statements or failure to advise MLC Limited of any relevant information may lead to us refusing to pay your claim.
- If you have any questions regarding the completion of this form, please contact us or your Financial Adviser on the phone number below.
- We are able to accept a copy of this completed form but reserve the right to obtain the original signed form.

## Claims hotline

1300 125 246

## Insured's details

Return this form to us on or around Date (DD/MM/YYYY)

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Last name

Mobile phone number

Home phone number

Business phone number

Email

## Residential address (not a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

## Postal address (if different to above)

PO Box number

Unit number

Street number

Street name

Suburb

State

Postcode

Country



---

## Insured's details (continued)

### Business address (not a PO Box)

Business name

Unit number

Street number

Street name

Suburb

State

Postcode

Country

---

## Business details

1 What is your business structure?

Sole trader  Partnership  Company

2 Are there any other partners or shareholders in your business?

No  **Please go to Question 3**

Yes  **How many partners/shareholders are there?**

3 What percentage of the business expenses are you responsible for?

 %

4 Please provide details of all employees including replacement workers/locums employed to take on your responsibilities as a result of your disability.

Job title/Position	Commencement date	Salary/Wage (paid in claim period)	Other associated employee costs (eg super)

5 Has your business continued operating since the onset of your disability?

Yes  **Please go to Question 6**

No  **Please provide details why**

## Business details (continued)

6 Please provide details of expenses incurred during the claim period. **(Tick ONE option only).**

I have enclosed my Profit and Loss Statement for the claim period;

or

I have completed the following list of eligible business expenses.

**Please note:** Only the reasonable and regular operating expenses are covered. Proof of expenses incurred may be requested to verify claims. Some expenses are not covered, including:

- Payments or other benefits paid to the life insured or their replacement in the business.
- Expenses that were not normally paid before the disability.
- Repayment of the principal of a loan or mortgage that started less than one year before the disability.
- The cost of equipment or merchandise for the business.

Expenses – claim period <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	Monthly Expense (Excl. GST)
Rent or mortgage payments	\$
Property rates and taxes	\$
Equipment or vehicle lease costs	\$
Electricity, heating and water costs	\$
Cleaning and laundry costs	\$
Depreciation on office equipment and premises that the business owns	\$
Salaries of employees not generating income	\$
Costs of accounting services	\$
Fees for membership of professional associations	\$
Business insurance premiums	\$
Telephone costs	\$
Other business expenses (please specify):	\$
	\$
	\$
<b>Total expenses</b>	<b>\$</b>

---

## Declaration

1. I declare that the answers to the questions in this form and attachments are true and complete. I have not made any false or misleading statement(s) and I have included all information relevant to the assessment of my claim.
2. If any answers to the questions are not in my handwriting or have been completed by my accountant I certify that I have checked them and they are true and correct.
3. I understand and agree that the Authorities contained in the Disability Benefits Claim Form and Continuing Claim Form extends to this Business Expenses Claim Form.

Name (Please print)

Signature:

	Date (DD/MM/YYYY)							
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

If your accountant has assisted in completing this form please provide their contact details.

Accountant's name

### Accountant's address

PO Box number

--	--	--	--	--

Unit number

--	--	--	--	--

Street number

--	--	--	--	--

Street name

Suburb

State

--	--	--	--

Postcode

--	--	--	--	--	--

Country

Mobile phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Facsimile number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

---

## 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](mailto: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).