

Business expenses claim form

Policy details	
Policy owner name	Policy number
	Case number
Important information	
 Please ensure all relevant sections and questions Missing or incomplete information may delay the 	s are fully completed. This will ensure your claim is assessed as quickly as possible. assessment of your claim.
Misleading or fraudulent statements or failure to a your claim.	advise MLC Limited of any relevant information may lead to us refusing to pay

• 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)

		First name	
Mr Mrs Miss M	Is Other		
Middle name		Last name	
Mobile phone number	Home phone numbe	r	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 S	Street name	
Suburb	State	Postcode	Country



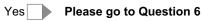
MLC Limited ABN 90 000 000 402 AFSL 230694 uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the IOOF Group.

Insured's details (continued)

Business address (not a PO Box)

	siness address	s (not a PO Box)					
Uni	t number	Street number	Street name				
Sul	burb		State	Postcode	Country		
Βι 1	USINESS det What is your b	ousiness structure?	Company				
2	Are there any	other partners or sha	eholders in your busines	ss?			
		ease go to Question w many partners/sh	3 areholders are there?				
3	What percenta	Vhat percentage of the business expenses are you responsible for?					
		%]				
4	Please provide	e details of all employ ity.	」 ees including replaceme	nt workers/locums emp	ployed to take on your	responsibilities as a result	
	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?



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 / / / to / /	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):	\$
	\$
	\$
Total expenses	\$

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	
V	Date (DD/MM/YYYY)
×	

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

Accountant's address

PO Box number	Unit number	Street number	Street name	
Suburb		State	Postcode	Country
Mobile phone numb	per	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

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).