



## Your contact details

Must be your residential or business (if a company) address – sorry, we can't accept PO boxes.

Street name and number\*

Suburb/Town\*

State\*  Postcode\*

Daytime phone number\*  Mobile phone number\*

Email address

Postal address (if different from above):

Street name and number  
or PO Box number

Suburb/Town

State  Postcode

## Life cover claim details

1. Date of death:

2. Details of the cause of death:

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3. Details of the deceased's usual attending doctor:

Full name

Street name and number

Suburb/Town

State  Postcode

Phone number

Medical speciality

4. Details of the deceased's treating doctor at the time of death:

Full name

Street name and number

Suburb/Town

State  Postcode

Phone number

Medical speciality

5. Please list the details of all doctors / medical consultants / specialists who attended to the deceased that are known to you:

Full name	Address	Phone number	Medical specialty	Date consulted	Reason for visit

## Privacy – use and disclosure of personal information

We understand the deceased’s personal information is important to you. Your privacy and the privacy of the deceased is important to the Insurer and the Trustee. The purpose of collecting this information is to assess the claim.

In assessing and managing this claim, we may need to disclose the deceased’s personal information to other parties such as claim assessors, loss adjusters, reinsurers, medical and financial professionals, judicial or dispute resolution bodies and other Suncorp Group companies.

You are entitled to request reasonable access to documentation we have about the deceased. For a copy of our privacy policy, please visit our website, [suncorp.com.au](http://suncorp.com.au) or call us.

Consent:

I have read and understood and have made all other people named on this form aware of the privacy disclosure statement above. I acknowledge that where practicable, information is provided with the consent of the individual to whom it relates and I confirm that I have the authority to act on behalf of the person named on this form.

Signature  Date   /   /

Full name (please print)

## Declaration and authority

I act as the executor/executrix/beneficiary or other authorised person and hereby authorise or consent to:

- Suncorp Life & Superannuation Limited (Insurer) and Suncorp Portfolio Services Limited (the Trustee) obtaining personal information about the deceased supplied by other parties. These other parties include the deceased’s financial adviser (if they had one), other members of the Suncorp Group, loss assessors and claims investigators, other insurance companies and reinsurers, claims reference providers, research and telephone providers, hospitals, medical and other health professionals, government departments, the deceased’s accountant (if they had one), the deceased’s employer, other Trustees, coroners, legal and other professional providers and other service providers, if required.

I hereby declare that:


- The information provided in this claim form is true, correct and complete. I understand and agree if I make any false or fraudulent statements or fail to advise the Insurer or the Trustee of any relevant information regarding my claim, the Insurer may refuse to pay and cancel my claim.


Signature  Date   /   /

Full name (please print)

## Where to send the form

Please send the completed form and any required attachments to:

 Suncorp Super  
Claims Team  
GPO Box 2585  
Brisbane QLD 4001

 [wealthoperationsclaimsteam@suncorp.com.au](mailto:wealthoperationsclaimsteam@suncorp.com.au)

## Checklist – Life Cover claim

### Have you:

- Completed and submitted Death Claim form - Part 1?  Yes
- Signed and dated the **Privacy** and **Declaration and authority** sections?  Yes
- Completed every question in detail?  Yes
- Ensured the deceased's doctor has completed the **Usual attending doctor's statement**?  Yes
- Attached a certified copy of the deceased's proof of age (eg passport, driver's licence, birth certificate etc)?  Yes
- Attached a certified copy of the Death Certificate (if not previously provided)?  Yes
- Attached a certified copy of change of name (if applicable)?  Yes
- Attached a certified copy of the Will, Probate or Letters of Administration if this has been requested (and not previously provided)?  Yes
- Attached copies of medical investigation reports (eg scans, x-rays, blood tests, histopathology report)?  Yes

## Acceptable certifiers

The acceptable certifiers listed below **must not be directly linked in any way** to you, the deceased or to the claim being made.

Australia Post employees	An agent of Australia Post who is in charge of an office supplying postal services to the public, or a permanent employee of Australia Post with two or more years of continuous service who is employed in an office supplying postal services to the public.
Banking and other financial institution employees	An officer with two or more continuous years of service with one or more financial institutions or a finance company officer with two or more continuous years of service with one or more financial companies (this includes Suncorp and its subsidiaries).
Justice of the Peace or Notary Public	An individual appointed by the Courts whose duties involve certifying documents.
Legal professionals and law enforcement officers	A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia as a legal practitioner. Other professionals include a Judge of a Court, a Magistrate, Chief Executive Officer of a Commonwealth Court, a registrar or deputy registrar of a court or a police officer.
Accountant	Member of the Institute of Chartered Accountants in Australia and New Zealand, CPA Australia or the National Institute of Accountants with two or more years continuous membership.
Australian Consular or Diplomat Office	An Australian Consular Officer or an Australian Diplomatic Officer.