Asteron Life

# Life Claim

We'll assess your claim as quickly as possible. The information you provide will help us do this and make sure our assessment is accurate. Please complete all sections of the form as requested – an incomplete form could delay the assessment of the claim.

### Step 1 – Complete the form
Fill in then print the form, sign it at the bottom, scan and email it, or send by post.

### Step 2 – Include the following attachments
A copy of the Death Certificate.
A copy of the member's birth certificate, passport or drivers licence

### Step 3 – Send the form and attachments
**Email (recommended):** ei.asteronlife@gbtpa.co.nz, or
**Post:** PO Box 894, Wellington 6140, Freepost 795

If you have any questions we're happy to help – just call us on 0800 737 101, or talk to your adviser.

Please note: this claim form is not an admission of liability by Asteron Life Limited.

## Member's Details

| | | |
|---|---|---|
| Member name | | Gender ☐ Male ☐ Female |
| Plan number | | Date of birth ___ / ___ / ___ |
| Plan name | | Date joined company ___ / ___ / ___ |
| Current salary $ | | Last day of work ___ / ___ / ___ |

Please advise whether the member was at work performing all the duties of his/her usual occupation on the commencement date of the policy, or if the member joined afterwards, on his/her first day.

Please advise if the member was working overseas.

Employer to complete

## Payment Details

For payment by direct credit please advise account details, or attach a bank deposit slip showing the bank account details.

Account name

Bank account number

| BANK | BRANCH | ACCOUNT NUMBER | SUFFIX |

# Privacy and Declaration

**Privacy Statement**

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

**Declaration**

I agree that:

- I am a representative of the employer of the above-named and am duly authorised to complete this form on behalf of my employer.

- All the information I have given in this Claim Form is complete and correct and that all answers have been written or dictated by me. I have not withheld any information that may be relevant to Asteron Life's assessment of the claim.

- I acknowledge and agree that if I have provided any information which is incomplete or incorrect, Asteron Life may be unable to fairly assess the claim, and the claim in question, and any related claim, may not be payable in whole or in part, and we may also cancel the employee's cover under the policy.

- I give consent for Asteron Life to release information they have regarding this claim to anyone who may be involved in the management of this claim.

## Employer Signature

| | |
|---|---|
| Name of authorised employer representative | Position |
| Contact phone | Contact email |
| Signature  ◄ Sign here | Date  /  / |