

# Terminal Illness benefit applications with OnePath Life Limited – Information guide

**Group Risk Insurance Claims**  
**Phone** 1800 648 921  
**Fax** 02 9234 8970  
**Email** group.claims@onepath.com.au  
**Website** onepath.com.au

## Who has terminal illness cover?

Any member who has death cover under a OnePath Life Limited (OnePath Life) group policy is also covered for terminal illness benefits. Terminal illness benefits are linked to member's death cover, not their Total and Permanent Disability cover.

## How much terminal illness cover do members have?

A member's terminal illness sum insured is the same as their death sum insured, to a limit of \$2.5 million. The terminal illness benefit is essentially a pre-payment of the death benefit. Where a member has a sum insured above \$2.5 million, the remainder of their sum insured will be paid upon their death.

## When can members qualify for a terminal illness benefit?

A member can qualify for a terminal illness benefit if he/she has suffered an illness or injury that is such that two medical practitioners (one being a specialist) believes that the member is likely to die within 12 months. They do not have to have ceased work for any particular period (or at all) in order to qualify – there is no waiting period.

## How can a member apply for a terminal illness benefit?

By completing OnePath Life's 'Terminal Illness Benefit Claim Form'. The form has three parts. Part A must be completed by the member. Part B by the member's usual treating doctor and Part C by the member's specialist treating doctor. The form asks the member and doctors to attach relevant medical information and reports. The member should also attach a certified copy of an identification document e.g. drivers licence or passport. All three parts of the form must then be returned to OnePath Life for assessment of the claim. Provide the forms and other information to your usual claims contact.

## What other information should the employer/fund send with the claim form?

Confirmation of the member's cover, such as a 'screen dump' from the administration system, or a letter confirming the member's cover, its duration, and confirmation that all premiums have been paid should be sent in with the claim form. To make the assessment process as quick as possible, any cover sheet or letter attached should clearly identify, in large bold type, that a Terminal Illness Benefit Claim is attached, to ensure the claim's priority treatment.

## How long does assessment of a terminal illness claim take?

Due to the often distressing circumstances surrounding a terminal illness claim, they are given top priority at OnePath Life. Once the two doctors have confirmed they believe the member will be deceased within the next 12 months, and they have attached medical confirmation regarding the member's condition, the claim assessment process is relatively straight forward. No further medical or health information is usually required.

## Checklist

- Complete parts A, B and C of the Terminal Illness Benefit Claim Form.
- Attach relevant medical reports and information.
- Attach a certified copy of the member's identification document.
- Attach a screen dump confirming the member's cover.
- Attach a cover sheet or letter highlighting that a Terminal Illness Claim is attached.

## Questions

If you have any queries regarding the terminal illness claims process, please consult your usual claims contact.

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# Terminal Illness Benefit Claim Form

**OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238 341

GPO Box 75, Sydney NSW 2000

**Group Risk Insurance Claims**

**Phone** 1800 648 921

**Fax** 02 9234 8970

**Email** group.claims@onepath.com.au

**Website** onepath.com.au

**This form needs to be completed to make a claim for a Terminal Illness Benefit**

**This form contains three parts. All three parts must be completed and submitted to OnePath Life in order for a terminal illness claim to be considered.**

**Part A – Member Statement.** Part A must be completed by the insured member wishing to make a terminal illness claim.

**Part B – Medical Attendant’s Statement.** Part B must be completed by the insured member’s treating doctor (general practitioner).

Part B should be detached and provided to the insured member’s treating doctor for completion. The treating doctor must complete all sections and provide all accompanying materials as requested in Part B.

**Part C – Specialist Medical Attendant’s Statement.** Part C must be completed by the insured member’s treating specialist doctor.

Part C should be detached and provided to the insured member’s specialist for completion. The specialist doctor must be a specialist in the field of medicine for the illness or injury for which the member is making a claim.

All three completed parts (A, B and C) and the requested additional information must be submitted to OnePath Life in order for the member’s claim to be considered. If there is insufficient space on any section of the form, please write on the back of the form (and clearly indicate to which question the additional information relates). If the doctor or specialist requires payment of a fee to complete Part B or C, payment of this is the responsibility of the insured member making the claim and not OnePath Life.

## Part A – Member Statement for a Terminal Illness Benefit Claim

Part A must be completed by the insured member wishing to make a terminal illness claim. You, the insured member, must complete all sections of the form. The completed Part A, along with completed Part B (Medical Attendant’s Statement) and Part C (Specialist Medical Attendant’s Statement) must be submitted to OnePath Life in order for your claim to be considered. If there is insufficient space on the form, please write on the back of the form (and clearly indicate to which question the information relates).

Name of Plan Policy	<input type="text"/>		
Policy number	<input type="text"/>		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr         Other <input type="text"/>		
Surname	<input type="text"/>	First name	<input type="text"/>
Middle name	<input type="text"/>	Maiden name (if applicable)	<input type="text"/>
Date of birth	<input type="text" value="DD/MM/YYYY"/>		
Residential address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
Phone	Business <input type="text"/>	Mobile	<input type="text"/>
	Home <input type="text"/>		
Email	<input type="text"/>		
Country of birth	<input type="text"/>		
Are you a permanent resident of Australia?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in Australia?	.....years <input type="text"/>	months	<input type="text"/>

Name of employer at date of disability

Employer location/Address

Suburb/Town  State  Postcode

Country

Date last actively at work (if you have ceased working)

Hours worked per week (e.g. 38 hours)   Hours Where you employed on a permanent or casual basis?  Permanent  Casual

Occupation

Duties

**1. Nature of illness or injury**

**2. If you have an illness, have you had this or a similar condition previously?** .....  Yes  No

If **yes**, please provide a brief history:

**3. When did you first consult a doctor for this condition?**

**4. Please complete the table below with the relevant details of your treating doctors and specialists.**

Doctor's name and specialty	Date first consulted	Date last consulted	Surgery address	Phone no.	Referred by	Reason for referral
	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>				
	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>				
	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>				

**If there is insufficient space on the form, please write on the back of the form (and clearly indicate to which question the information relates).**

**Please attach the following with your completed form. Please tick the box to confirm the attachments.**

- Certified copy of your current driver's licence or passport
- X-ray and other radiology reports, pathology and other relevant test results and medical reports
- Any other information that will assist with your claim.

**Privacy statement**

In this section 'we', 'us' and 'our' refers to OnePath Life and other members of the ANZ Group. We are committed to ensuring the confidentiality, security and privacy of your personal information. 'You' and 'your' refers to policy owners and life insureds.

We collect your personal information to provide you with the products and services you request. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

In order to manage and administer the products and services requested by you, we may need to disclose your personal information to certain third parties, including:

- other members within the ANZ Group, to the extent necessary to service our relationship with you and carry on business as a group
- organisations performing administration or compliance functions in relation to the products and services
- organisations maintaining our information technology systems
- authorised financial institutions
- organisations providing services such as mailing, printing or data verification

- a person who acts on your behalf (such as your financial adviser or your agent)
- the policy owner (where you are a life insured who is not the policy owner).

For life risk products we collect health information with your consent. Your health information will only be disclosed to service providers, reinsurers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

We may also disclose your personal information in circumstances where we are required to do so by law.

We may send you information about our financial products and services from time to time. You may elect not to receive such information at any time by contacting Customer Services on 133 667.

You may access the personal information OnePath holds about you, subject to permitted exceptions and subject to OnePath still holding that information, by contacting OnePath at:

**Privacy Officer – OnePath**

GPO Box 75  
Sydney NSW 2001  
Phone 02 9234 8111  
Fax 02 9234 8095  
Email [privacy@onepath.com.au](mailto:privacy@onepath.com.au)

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services.

More information can be found in OnePath’s Privacy Policy which can be obtained from its website at [onepath.com.au](http://onepath.com.au)

**Declaration**

**Insured member or power of attorney to complete. (If you are the power of attorney completing this declaration you will need to attach the original or a certified copy of the Power of Attorney).**

Please ensure this form is fully completed. Failure to do so may result in the form being returned and a delay in assessing your claim.

**I declare that the information supplied on this form and in any attached documentation is correct and that I have not withheld anything material from the Insurer.**

I authorise:

- any person, hospital or doctor with whom I have consulted, or any employer for whom I have worked, to supply OnePath Life (or its authorised representative) with any information they may require in the assessment of this claim
- any insurer, Centrelink and any other income, pension, annuity or disability support provider to provide OnePath Life (or its authorised representative) with any information or reports they require for the assessment of this claim
- OnePath Life (or its authorised representative) to provide any information or document in respect of this claim to the Administrator of the Plan of which I am a member
- OnePath Life (or its authorised representative) to provide any information or document to any medical or rehabilitation provider that OnePath Life deems necessary to assist with the assessment of this claim
- OnePath Life (or its authorised representative), where my insurance is linked to my superannuation fund, to disclose my health information to the trustee of my superannuation fund (or their appointed administrator) to enable them to comply with their legal obligations.

I agree that a photocopy of this form and declaration and authority shall be considered as valid as the original.

I declare that I have read and understood the privacy statement and consent to the collection, use and disclosure of my personal information as outlined in that statement.

I understand that if I do not agree to the above conditions, OnePath Life will not be able to assess my claim.

Name

Signature

Date



# Terminal Illness Benefit Claim Form

## OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 75, Sydney NSW 2001

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Phone 1800 648 921

Fax 02 9234 8970

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## Part B – Medical Attendant’s Statement for a Terminal Illness Benefit Claim

This form is for the purpose of a OnePath Life insured member making a terminal illness claim. This Part B must be completed by the insured member’s treating doctor. You as the treating doctor must complete all sections in this Part B and provide all accompanying materials as requested. If you are unable to complete any section, provide written reasons for this. This completed Part B, along with completed Part A (Insured Member’s Statement) and Part C (Specialist Medical Attendant’s Statement) must be submitted to OnePath Life in order for the insured member’s claim to be considered. If there is insufficient space on the form, please use the back of the form and clearly indicate to which question the additional information relates. If you require payment of a fee to complete this form, payment is the responsibility of the insured member making the claim.

Patient’s full name	<input type="text"/>	
Patient’s address	<input type="text"/>	
Patient’s date of birth	<input type="text" value="DD/MM/YYYY"/>	
Diagnosis	Primary	<input type="text"/>
		<input type="text"/>
	Secondary	<input type="text"/>
		<input type="text"/>
Date of diagnosis	Primary <input type="text" value="DD/MM/YYYY"/>	Secondary <input type="text" value="DD/MM/YYYY"/>
In your opinion, are you satisfied that the above mentioned patient suffers from a terminal illness, or has incurred an injury, that is likely to result in their death within 12 months of the date of this report? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of opinion	<input type="text" value="DD/MM/YYYY"/>	
Comments	<input type="text"/>	
	<input type="text"/>	

Please note that this completed form, the accompanying sections and any attached reports and information may be provided to the insured member (your patient), other relevant medical practitioners as required, various industry bodies, the superannuation fund trustee (where relevant), The Superannuation Complaints Tribunal or The Financial Ombudsman Service, and/or the insured member’s employer (where relevant).

### I declare that the above details are true and correct.

Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD/MM/YYYY"/>
Your name	<input type="text"/>		
Qualifications	<input type="text"/>		
Surgery address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		



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## Part C – Specialist Medical Attendant’s Statement for Terminal Illness Benefit Claim

This form is for the purpose of a OnePath Life insured member making a terminal illness claim. This Part C must be completed by the insured member’s treating specialist doctor. You as the specialist treating doctor must be a specialist in the field of medicine for the illness or injury for which the member is making a claim. You as the treating specialist must complete all sections in this Part C and provide all accompanying materials as requested in this Part C. If you are unable to complete any section, please provide written reasons for this. This completed Part C, along with completed Part A (Insured Member’s Statement) and Part B (Medical Attendant’s Statement) must be submitted to OnePath Life in order for the insured member’s claim to be considered. If there is insufficient space on the form, please use the back of the form and clearly indicate to which question the additional information relates. If you require payment of a fee to complete this form, payment is the responsibility of the insured member making the claim.

Patient’s full name

Patient’s address

Date of birth

Diagnosis Primary

Secondary

Date of diagnosis Primary  Secondary

In your opinion, are you satisfied that the above mentioned patient suffers from a terminal illness, or has incurred an injury, that is likely to result in their death within 12 months of the date of this report?.....  Yes  No

Date of opinion

Comments

Please note that this completed form, the accompanying sections and any attached reports and information may be provided to the insured member (your patient), other relevant medical practitioners as required, various industry bodies, the superannuation fund trustee (where relevant), The Superannuation Complaints Tribunal or The Financial Ombudsman Service, and or the insured member’s employer.

**I declare that the above details are true and correct.**

Signature  Date

Your name

Qualifications

Surgery address

Phone  Fax

Email



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## Head office

**Office located at**  
347 Kent Street  
Sydney NSW 2000

## Postal address

OnePath Life  
GPO Box 4148  
Sydney NSW 2001

## State offices

**New South Wales**  
Level 10  
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Sydney NSW 2000

GPO Box 483  
Sydney NSW 2001

**Western Australia**  
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221 St. Georges Tce  
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