



Group Salary Continuance Plan Disability Claim Form

TOWER Australia Limited ABN 70 050 109 450
Registered Office 80 Alfred Street Milsons Point NSW 2061
Customer Service Centre 1800 226 364 Facsimile 9448 9752

Please address correspondence to
PO Box 142
Milsons Point NSW 1565 Australia

Disabled Employee's Name

Disabled Employee's Address

<input type="text"/>	
State	Postcode

Policy Name

Policy Number

Questions to be Answered by the Disabled Employee

If the disabled employee is incapable of completing this form, it may be completed by another on the disabled employee's behalf. Incomplete answers or omissions may delay settlement. If insufficient space is provided, please attach a separate sheet.

A. Section to be Completed for Accident Claims Only

1. Time and date of accident

am / pm

2. Where did the accident happen?

3. State exactly how the accident happened

4. State the nature of injuries suffered. If a limb was involved, state whether left or right

B. Section to be Completed for Sickness Claims Only

1. What is the nature of the sickness? If a limb was involved, state whether left or right

2. When did the symptoms become apparent?

C. Section to be Completed for All Claims

1. Date the sickness or injury caused you to cease work **entirely**?

2. Have you been able to perform any part of your work, supervisory or otherwise, since the above date?
If so, provide date and extent of work performed.

3. Are you still completely unable to work?

4. If you are still disabled, when do you expect to resume work?

5. If no longer disabled, on what date did you resume:

full time usual duties

partial or restricted duties

6. (a) Describe your usual occupational duties

(b) Do you perform any occupational duties which result in the receipt of income from any source other than your primary source of income?

(c) If the answer to 6 (b) is Yes, give details

7. Were you following your occupation on a full time basis immediately prior to the disability occurring?

8. Have you received any income from your employer, business or occupation since ceasing work as a result of your disability?
If yes, provide details?

9. Has the disability caused you a loss of income?

(a) if yes, what is the monthly amount of loss?

(b) if no, why has there been no loss?

10. State the names and addresses of **all doctors consulted** by you **for this disability**, including any to whom you were referred for further opinion or investigations and the **date of the first attendance** with each one.

Also provide names of physiotherapists, chiropractors, etc consulted.

Doctor	First seen on	/	/
Doctor	First seen on	/	/
Doctor	First seen on	/	/
Doctor	First seen on	/	/
Doctor	First seen on	/	/
Doctor	First seen on	/	/

11. Have you ever in the past suffered from the same or similar complaint? If so,

(a) approximate date of episode(s)?

(b) name of attending doctor(s) at that time?

12. Name and address of your usual Medical Attendant

13. Can compensation (by way of regular payment, or lump sum settlement) be claimed for this disability from:

(a) Workers' Compensation?

(b) Third Party Compensation?

(c) Motor Accident Board payments?

(d) Social Security payments
(sickness or unemployment benefits)

(e) Any other insurance policy

If yes to any of the above, please state the:

(i) Name of Organisation or Company

(ii) Policy No. and Claim No.

(iii) Amount of monthly compensation

14. Have you ever received or been declined benefit under any disability policy or Workers Compensation? If so, provide full details

Please see Declaration and Information Regarding Your Claim over page.

Personal and sensitive information is collected from you to enable TOWER to provide the product or service you request. Without this information, TOWER cannot provide this product or service. Your personal information may be disclosed to TOWER and any relevant bodies corporate including the following 3rd parties, where necessary: health professionals; your (or your employer's, if relevant) Adviser or Financial Planner; other companies within the TOWER Group; organisations to whom we outsource our mailing, administration and information technologies; the Insurance Reference Service; investigators; the Trustee (if relevant); the administrator of the product or fund; reinsurers; government regulatory bodies; lawyers; accountants. By signing this form you consent to TOWER and these organisations collecting your personal and sensitive information. In accordance with Privacy legislation, you can also obtain access to your information.

I hereby declare that I am the person referred to in the above, and that the answers are complete and true in every particular.

I hereby authorise and direct any Medical Attendant, Hospital or Insurance Company to divulge to TOWER Life Australia Limited or any legal tribunal any information which they hold or are able to acquire about myself.

Signature

Date

Information Regarding Your Claim

- (a) Your rights and obligations under this contract are contained in the Policy Document held by your employer.
- (b) Once your claim is admitted claim payments will be made monthly in arrears, and forwarded to you via your employer.
- (c) If your claim is ongoing, further medical certificates will be required by TOWER.
- (d) TOWER may, at its discretion and expense, require you to attend further medical examinations with the Doctors of TOWER's choice.
- (e) If you have any queries concerning your rights and obligations, the Policy Document or your claim in general, do not hesitate to contact TOWER's Head Office or your nearest Branch.



TOWER

TOWER Australia Limited ABN 70 050 109 450 80 Alfred Street Milsons Point NSW 2061

Telephone: (02) 9448 9000 Freecall: 1800 226 364 www.toweraustralia.com.au

New South Wales - ACT

67 Phillip Street
Parramatta NSW 2150
Tel: (02) 9865 3000

Victoria - Tasmania

Level 3
88 Albert Road
South Melbourne VIC 3205
Tel: (03) 9638 7700

Queensland

Level 5
301 Coronation Drive
Milton QLD 4064
Tel: (07) 3369 4200

South Australia

140 Greenhill Road
Unley SA 5061
Tel: (08) 8272 8033

Western Australia

10 Stirling Highway
Nedlands WA 6009
Tel: (08) 9386 2466