

Claims X

Funeral benefit claim form



ReddiFund Mutual Benefit Fund Discretionary Trust

If you need assistance with filling out this form, contact us on **1300 375 723** or claims.aus@claimsx.com.au

Important information

We will act on your claim upon receipt of this form. Issue of this form is not an admission of liability.
You can assist in the assessment of your claim if you:

1. Fully complete this form. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim.
2. Provide a comprehensive description of the circumstances of the accident/injury or sickness.
3. Provide additional supplementary information on a separate pages if there is not enough space on this claim form.
4. Forward the completed claim form to Claims X using the above email address.

Member details

Name of member

Member number

Phone

Email

Residential Address

State/Postcode

Banking details

Account name

Account number

BSB

Deceased details

Name of deceased

Relationship to member

Residential address

State/postcode

Phone

Date of birth

Date of death

Spouse only

Are child care Benefits Claimed?

Ages of surviving children

Declaration

I _____ of _____ hereby declare

(Executor/Beneficiary)

(Enter address)

1. That the deceased named above was an eligible person under this policy; and
2. That the amount paid represents the full and final Death Benefit entitlement and that the payment of this amount represents a full and final discharge of each and every liability to the ReddiFund Discretionary Trust Arrangement under the Policy in respect to this claim.
3. A copy of the invoice for the funeral expenses and a certified copy of the death certificate has been provided.
4. The information and answers given in this document are true and correct. No information likely to affect the acceptance of this claim has been withheld.
5. I understand that this claim may be refused if any information is false, or inaccurate or concealed.
6. I/we the undersigned hereby acknowledge and agree to the information contained herein (including our personal information) being shared with the other members of our Discretionary Trust (Trust) as part of the Trust's Risk Management processes and reporting criteria and with Reddifund as may be required to assist in the management of this claim and the administration of the Trust.

Name on funeral invoice

Relationship to the member

What relationship is this person (or entity) to the member?

Declared at this day of

For and on behalf of
(Please print name)

Witness

Name

Signature

This form should be completed and returned to Claims X Services – GPO Box, 5000, Adelaide SA 5000

Email: claims.aus@claimsx.com.au or Toll Free: 1300 375 723

Please provide/attach all relevant documents including Death Certificate and Funeral Invoice

Collection Statement under Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we Alternative Risk Management Services (ARMS) and Claims X, as related companies of the Howden group, draw your attention to the following:

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Claims X products or services. If you are applying for or renewing insurance or membership, or membership of an Alternative Risk Management Services Discretionary Trust Arrangement (DT Arrangement), the information is required pursuant to your Duty of Disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Claims X related Group companies, such as Howden Insurance Brokers (Australia) Pty Ltd. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore. Please read our Privacy Policy on Howden's website if you would like further information or contact our Privacy Officer on the contact details below.
- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services, or your application for insurance or membership of a DT Arrangement may be declined or you may prejudice your insurance cover or cover under a DT Arrangement.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's prior consent.
- Our Privacy Policy can be made available on request or can be accessed on Howden's website <https://www.howdengroup.com/au-en/privacy-policy>

For further information or to make a complaint regarding Claims X's Privacy Policy, contact your Broker, Claims Manager or the Privacy Officer for Howden and Claims X.