

First Notice of Claim for Unemployment Benefits

Latitude Insurance
GPO Box 1571
Sydney NSW 1025
Phone: 1800 800 230
Fax: 1300 362 642
www.latitudefinancial.com.au/insurance

How to help us process your claim

Checklist

Before submitting your claim form, make sure you can tick **all** the boxes below:

Involuntary Unemployment claims - Documents required



Section A: Statement of claimant (you) – all questions answered.

Section B: Proof of job seeking registration – signed and stamped by Centrelink (even if you cannot receive benefits from the Government).

Section C: Statement of employer - completed by your employer OR a Separation Certificate is supplied OR a letter from your employer is supplied that outlines the reason for your termination from your position.

Privacy consent and declaration - read, signed and dated by you. This is on the last page of this claim form. It's important that we have your signature here so we can start processing your claim straight away.

Authorised Third Party - Complete relevant section on page 5 if you wish to give authority to **another person** to obtain updates on your claim.

**Without the above information we will be unable to process your claim.
This could delay any payment to your account that you may be entitled to.**

If you are having any difficulties completing this claim form, please contact our Customer Service Centre on **1800 800 230**.

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What needs to be filled out?

Section A – to be completed by claimant (you)

Section B – to be completed by Centrelink

Section C – to be completed by your employer

Privacy consent and declaration - to be read, signed and dated by you

Section A: Statement of claimant (you)



Who needs to fill this out?

All questions need to be answered by you

Loan/card account or Insurance policy number: _____

First name: _____ Surname: _____

Date of birth: __ / __ / ____ Phone: (H) _____ (M) _____

Address

Unit/house number: _____ Street name: _____

Suburb: _____ State: _____ Postcode: _____

Employer name: _____

Employer contact number: _____

1. What was your last day worked? __ / __ / ____

2. What was your reason for stopping work? _____

3. Have you returned to work? Yes No If yes, please give date: __ / __ / ____

4. If you have been with your current employer for less than 12 months please provide your work history for this period:

| Employer Name | Hours Worked | Date From/To | Contact Detail |
|---------------|--------------|--------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. How many hours have you worked over the last 6 months: _____

6. Are you currently registered as a job seeker with Centrelink? Yes No

If your answer to question 6 is yes, please have Centrelink complete Section B of this claim form. Alternatively, attach a letter from them confirming the same details. If your answer is no, please advise your reason for not job seeking:

Important notice: This needs to be completed in full by you. If you require any assistance in completing this claim form please contact us toll free on **1800 800 230**.

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Section B: Statement of Centrelink



Who needs to fill this out?
To be completed by Centrelink

Claimant's name: _____

This is to certify that the above named: is was a registered job seeker with Centrelink.

What was the effective date of the job seeker registration? Date: __ / __ / ____

Type of benefit: _____

Is the benefit still current? Yes No

If yes, current rate \$ _____ (per week) If no, date ceased: __ / __ / ____

Reason for cessation: _____

Signed: _____ Date: __ / __ / ____

(Centrelink stamp here)

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Section C: Statement of employer



Who needs to fill this out?

To be completed by your employer. If you are self-employed, you can fill this out yourself

Employee name: _____

Name of company: _____

Address: _____

Telephone number: _____

Employment Status

Full time Casual Seasonal Part time Fixed term Contract Temporary Self employed

Occupation at time of unemployment: _____

If Self-employed. Please provide date business permanently ceased trading: Date: __ / __ / ____

Average number of hours worked per week: _____ Date of Hire: __ / __ / ____ Last day worked: __ / __ / ____

Reason for stopping work

Shortage of work (not redundancy) Illness Voluntary cessation Misconduct
Redundancy End of Contract Strike Abandonment
Voluntary redundancy Retired Other

If 'Other' please advise of the reason for stopping work: _____

For Seasonal, Casual, Temporary or Fixed Term Contractor:

Was the employee's termination due to the natural expiry of their contract? Yes No

If No, please state date that the contract was due to expire: __ / __ / ____

Employer's signature:

Signed: _____ Date: __ / __ / ____

Title: _____ Company number: _____

Important notice: This needs to be completed in full by your employer. If you require any assistance in completing this claim form please contact us toll free on **1800 800 230**.

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Declaration & Privacy Consent (to be signed and dated by you)

1. I declare that the information supplied by me on this form is in every respect true and correct and that I have not withheld any information likely to affect the acceptance of the claim. I understand that the claim may be denied if the information supplied is untrue or I have not revealed all relevant facts.
2. I hereby authorise my employer, their Workers Compensation insurer, my insurers or any hospital or medical practitioners who have treated me to provide Hallmark General Insurance Company Ltd. (Hallmark) with any information it may request regarding any illness, injury, medical history, treatment or copies of medical, hospital or employment records. A photocopy of this authorisation shall be considered as effective and valid as the original.
3. I authorise my employer and/or their Workers Compensation insurer to provide Hallmark with information relating to my employment including but not limited to my employment history, payroll information, employment records and termination.
4. I agree to Hallmark collecting **sensitive information** (particularly health information), for the purpose of considering this claim. I understand that further information regarding how Hallmark collects, uses, discloses and stores my personal information is contained in the Important Privacy Notice and the Privacy Policy (www.latitudefinancial.com.au/privacy).

Name: _____

Current address: _____

Signed: _____ Date: __ / __ / ____

Authorised Third Party (ATP)

By completing this section, you authorise Hallmark to disclose and discuss information relating to claims on your policy to the person nominated below. We will only provide information to the ATP on: claim approval, claim decline decision (not reasoning behind decision), claim wait periods, any claim information requested and/or payment amounts and schedule of payments.

You must ensure the ATP is aware of our Privacy Policy and agrees to their personal information being collected, used and disclosed accordingly.

Your personal details.

Name: _____

Signed by: _____ Date: __ / __ / ____

Your authorised person's details.

Name: _____

Address: _____

Date of birth: __ / __ / ____

Relationship to you: _____