Notification of Claim

How to fill in this form
To start the claims process with PPS Mutual, please complete all sections of this form, sign it and return it by email to **contact@ppsmutual.co.nz**

Next Steps
- We will contact you soon and aim to assess your claim as soon as possible.
- We may need to ask you for additional information to assess your claim.

Policy and Cover Details

Policy number

What type of cover are you claiming for (please check all that apply)?

Terminal Illness ☐ Income Protection ☐ Severe Illness Booster ☐
Trauma ☐ Key Person Protector ☐ Waiver of Premium ☐

Personal and Contact Details

Life Insured

Full Name

Date of Birth

Are you the policy owner?

Yes ☐ No ☐ Unsure ☐

How would you like to contact us?

☐ Email

☐ Phone

Would you like us to share general information about your claim with your adviser?

Yes ☐ No ☐

Claim Details

Please provide a brief description of the circumstances relating to your claim:

Signature

Signed by or on behalf of the life insured named above:

Full Name

Signature

Relationship to life insured (if signing on their behalf)

Date

Privacy and Declarations

By signing this form, you declare and acknowledge that:

1. You are submitting a claim under your policy with PPS Mutual Limited (PPS Mutual) and understand that eligible claims will be paid at the direction of the policy owner(s). If your claim is accepted, PPS Mutual will obtain payment authority from the policy owner(s).

2. PPS Mutual will use the information provided in support of your claim to assess your eligibility for any claim payments.

3. All responses set out in this form are true and complete, whether completed by you or at your direction, and all occupational, medical and financial information relevant to the assessment of your claim has been or will be fully and accurately disclosed to PPS Mutual.

4. If you fail to provide accurate or complete disclosure of any information required by PPS Mutual to assess your claim or comply with any ongoing claim requirements, PPS Mutual may be unable to assess your claim, may decline or cease payment of your claim and/or may be entitled to other legal remedies against you.

5. As part of your insurance claim, you authorise PPS Mutual to request from third parties, and for such third parties to disclose to PPS Mutual, any medical or other personal information which is reasonably required to assess your claim. Those third parties may include:

a. Registered medical practitioners and specialists (who may provide an entire copy of your medical file);
b. Medical laboratories and testing facilities;
c. Accident Compensation Corporation and any other governmental department or body;
d. Advisers involved in managing the policies to which your claim relates;
e. Insurers or reinsurers (whether public or private) involved in your claim;
f. Accountants;
g. Counsellors, psychologists and therapists; and h. Any other person or organisation which holds information which is relevant to your insurance or the assessment of your claim.

6. The supply of information by third parties is voluntary and PPS Mutual may or may not seek information from third parties depending on the information required to assess your claim.

7. Information collected by PPS Mutual may be used by PPS Mutual to assess, adminster and process your claim, determine whether you have met your duty of disclosure, address any query or complaint relating to your insurance and meet its legal obligations

8. You authorise PPS Mutual to disclose any information collected under this consent to any contact person nominated by you, to any reinsurers involved in you claim, and to any court or legal tribunal before which any question concerning your claim may arise, in connection with the assessment of your claim or the resolution of any complaint or dispute.

9. You authorise PPS Mutual to share details regarding the general nature of your claim, progress with the assessment of your claim and the outcome of that assessment with the policy owner(s) and, unless you have opted out above, your adviser and any of their support staff involved in managing your policy.

10. Your personal information will be held for as long as necessary to fulfil the purposes for which it was collected, or longer if required by law.

11. PPS Mutual will take reasonable steps to keep your personal information secure. Personal information held by PPS Mutual is stored securely in NZ and by third party cloud-based data storage providers based in New Zealand and overseas.

12. You can contact PPS Mutual at any time to request access to and correction of your personal information.

13. PPS Mutual collects, uses, stores, discloses, protects and processes personal information in accordance with the Privacy Act 2020 and other applicable laws. For further information about how PPS Mutual handles personal information, please refer to PPS Mutual's Privacy Policy available online at www.ppsmutual.co.nz/privacy or by phoning 0508 777 6888.

14. If the insurance claim relates to:
a. An insured child under the age of 16, this consent should be provided on their behalf by a parent or legal guardian;
b. A deceased life insured, this consent should be provided on their behalf by the executor or administrator of their estate; or
c. A life insured who is unable to provide informed consent, this consent should be provided on their behalf by someone appointed to do so (e.g. under an enduring power of attorney) or an immediate family member.

15. If you are signing on behalf of the life insured or an insured child, you confirm that the above declarations are correct to the best of your knowledge of belief.

16. You agree that an electronic copy of this consent will be valid as an original.