

Redundancy Individual Declaration Update



For completion by the claimant (please print clearly)

Claimant details

Policy number

First name

Last name

Mr/Mrs/Miss/Ms

Address

Street

Suburb

City

Postcode

Phone

Home

Business/Mobile

Since the last claim payment, have you:

Received any benefit under
ACC, WINZ and/or any
insurance policy?

☐

Yes

☐

No

Amount GROSS/NET

Name of organisation

Received any income
(whether work is undertaken
for the income or not)?

☐

Yes

☐

No

Amount GROSS/NET

Received from

Income for

Hours/Week

Begun working as a casual,
part-time or full-time
employee or as an
independent contractor?

☐

Yes

☐

No

If Yes, on what date did
you begin your new job?

Left New Zealand?

☐

Yes

☐

No

If Yes, please advise

Date left New Zealand

Date returned to
New Zealand

Please detail what steps you have taken since the last claim payment to obtain employment

Privacy Act 2020

This Individual Declaration Update form collects personal information about you. This information is collected for the purpose of assessing your claim with AIA New Zealand Limited ("AIA") and will be held and used in accordance with AIA's Privacy Statement available on its website The Colonial Mutual Life Assurance Society Limited, and/or AIA Assurance Company Limited ("the Companies"). Failure to provide this information may result in your claim not being processed and monthly payments not being made to you. The personal information collected will be held at AIA's Auckland office the Head Office of the Companies at 74 Taharoto Road, Takapuna, Auckland. You have certain rights of access and correction of personal information under the Privacy Act 2020.

Declaration and Consent

I declare that the answers on this form, made in relation to my claim are true and complete. I, the **Life Assured**, declare that all occupational and financial information pertaining to me has been provided and disclosed to AIA.

I understand that failure to provide full disclosure of all occupational and financial information that AIA would deem as relevant in the assessment of my claim under my policy(ies) would be considered to be material misrepresentation and/or material non-disclosure and as such AIA is entitled to use legal remedy, should this occur.

I further understand that the occupational and financial information provided is the basis on which AIA will base the on-going assessment of my claim under my policy(ies) and I have fully disclosed all relevant information in the utmost good faith. I understand that failure to provide this information or the provision of false information may result in my claim being declined or unable to be assessed.

I further declare that if the answers to the questions in this Individual Declaration Update form are not in my handwriting, then they have been correctly written down and approved by me.

As part of a disability claim AIA, I, the **Life Assured**, consent and give authority to AIA and any related companies to seek from and for all and any of the following, their officers and employees, to disclose to AIA and any related companies, their advisers, reinsurers and to any legal tribunal before which any question concerning the insurance may arise, any financial or other personal information affecting such insurance which they may hold in respect of me/us:

- > Accountant and other financial advisers;
- > Accident Compensation Corporation;
- > Banks and other financial institutions;
- > Employers (whether current or not);
- > Government departments, agencies, organisations and enterprises eg: IRD;
- > Insurers (whether public or private);
- > Your adviser/broker/insurance agent.

I, the **Life Assured**, agree that a photocopy of this authority will be valid as an original.

Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

