Reimbursement Form

AID.

	s for counselling, financial advice and/or lega nder which benefit you are applying for fees to be r		7117
Counselling Benefit Is for reimbursement of fees	s for Psychiatrist or Psychologist consultations and as outlined in your policy wordings.		g the
	Benefit s for financial planning advice provided by an accre ect to meeting the criteria for reimbursement as ou		provided
Please attach proof of your payme	ent such as a copy of your receipt(s) for payment of	these fees and list them in the fo	rm below.
All policy owners are required to s	ign this form.		
Policy details			
Claim number	Policy	number	
N			
Name of Life Assured			
_			
2 Receipts/invoices enclose	ed	Invoice Amount	Receipt Amount
Name of service provider		\$	\$
		\$	\$
		\$	\$
Total value of claim		\$	\$
Please provide bank account Name of account	details for reimbursement. Bank Branch number Account number	er Suffix	
4 Declaration and consent			
> I/We confirm that the bank acco	unt number detailed above and attached is the accou	nt that I/we want the claim proceed	s to be paid into.
	n and against all liability, claims, costs and expenses c enefit/s under this policy to the account number speci		r as a result of
Name of Policy Owner			
Signature of Policy Owner		X	DD/MM/YYYY
Name of Policy Owner			
Signature of Policy Owner		X Date	DD/MM/YYYY
5 Returning your form			

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Please check that all details are correct, then either scan and email the form and copies of the receipts/invoices to enquireNZ@aia.com or post to AIA New Zealand Limited, Private Bag 92499, Victoria Street West, Auckland 1142.

Phone (Int.): +64 9 487 9963 Freephone: 0800 500 108 Email: enquireNZ@aia.com Live Chat: aia.co.nz/chat

