

Third Party Claim Initiation Form

Use this form if you are the nominated Authorised Representative acting on behalf the member, and you require to initiate a claim on the member's behalf.

For details of the insurance options available to the member, please refer to the Product Disclosure Statement (PDS), Insurance Booklet and any other materials previously provided to the member, or call the Helpline on **1800 682 525**.

Important

Mercer Super uses the Insurer's electronic portal, 'eClaims', to record and submit claims to the Insurer. Please read the Privacy Policy carefully below on how personal information will be collected, used, disclosed and handled (including sensitive information) in the manner described in the AIA Australia Privacy Policy.



Please print in black or blue pen, in uppercase, one character per box.

Step 1: Complete member personal details				
Plan / Product Name				
Account / Membership number				
Title: Mr Ohrs Miss Other I I I I I I I I I I I I I I I I I I I				
Postcode Best contact number Image:				

Step 2: Complete your details

Full name of Third Party	
Date of birth	Preferred communication method
Postal address	
Postcode Best contact n	
E-mail address	
Relationship to member	

Third Party Claim Initiation Form

Issued by Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533, AFSL 235906, as trustee of the Mercer Super Trust, ABN 19 905 422 981. Address: GPO Box 4303, Melbourne Vic 3001. Tel: 1800 682 525. 'Mercer' is a registered trademark of Mercer (Australia) Pty Ltd ABN 32 005 315 917.

Step 3: Tell us more about the claim
Please specify the type of claim Total and Permanent Disablement (TPD) Income Protection (IP), or Terminal Illness Describe the member's illness or injury
When did the member first experience symptoms of this illness or provide the date the injury occurred?
Was the member working prior to them first experiencing symptoms of their illness or the date the injury occurred? Yes No
Member' occupation Image: Second status What is the members employment status? Image: Full-time image: Second status
How many hours per week, on average, did they work prior to ceasing work?
Have they returned to work? Yes No If no, do they intend to return to work? Yes No
When was the members last physical day at work?
Did the member make an attempt to return to work after first experiencing symptoms of their illness or after the date of their injury? Yes Date////
Has the member ceased working with their last employer? Yes No
If this claim relates to a Terminal Illness, what is the member's life expectancy?
Is the member a Permanent Resident/Citizen? Yes No Does the member have a valid visa?
 Yes What is the expiry date? / /
Yes No If Yes please confirm type of benefit?

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Privacy statement

The AIA Australia Privacy Policy sets out how personal information (including sensitive information) is collected, used, handled and disclosed by us, and the purposes that information is used for (including the administering, assessing or processing any application or claim, to send communications that may be of interest and for research purposes, the provision of products and services and other purposes set out in AIA Australia's Privacy Policy). The AIA Australia Privacy Policy is available at www.aia.com.au or by calling 1800 333 613.

By providing information in eClaims (including directly or via an intermediary), or otherwise interacting or continuing with the eClaim, you confirm as the Authorised Representative of the member that you agree and consent to the collection, use, disclosure and handling of personal information (including sensitive information) in the manner described in the AIA Australia Privacy Policy on the AIA website as updated from time to time, and to the disclosure to third parties who may be located in Australia, Malaysia, South Africa, the US, Europe, Asia and other countries.

Where I provide personal and sensitive information about someone else, I am authorised to provide this information and that the person has consented to the collection, use and disclosure of personal and sensitive information by AIA Australia in the manner described in the AIA Australia Privacy Policy.

Step 4: Declaration

I declare that:

• I have read and understood the privacy statements and agree to the collection, use and disclosure of personal and sensitive information as described in those statements and where I provide information about someone else I confirm they consent to AIA Australia's privacy policy.

Date

- I can read the privacy statement in full available at www.aia.com.au/privacy-statement
- I consent to my information being collected, disclosed and used in the manner set out in this form, and
- To the best of my knowledge, the information I have provided on this form is correct.

Signature of Third Party Representative

X	
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Please return your completed form to Mercer Super Trust, GPO Box 4303, Melbourne VIC 3001.

11/2023

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