

Make an Unemployment Claim

Thank you for contacting CGU Insurance

You must have access to a printer in order to access this form. If you do not have access to a printer please contact our office on 1800 248 224 (1800 CGU CCI) and an alternative will be sent.

How to complete your unemployment claim form

Your claim form must be completed in full. An incomplete form may cause delay in the assessment of your claim.

Please ensure:

- You (the insured) complete the front page and the first box on the second page of your unemployment claim form.
- That you (the insured) and a witness have both signed and dated your claim form.
- Centrelink completes the "Certificate of Centrelink/Job agency" section on your claim form.
- Your last employer completes the "Employer's Declaration" section of your claim form. If you experience difficulties in completing this section, please attach a copy of your "Employment Separation" certificate to your claim form.
- If your employment ceased more than three (3) months ago, a letter is attached to your claim form detailing the reason(s) for the late lodgement of your claim.

Other useful information

If you have submitted your claim form and it has been accepted by CGU Insurance, we will require you to provide ongoing confirmation of your unemployment in order for us to maintain continuous payments to your financier.

Please advise us on 1800 248 224 (1800 CGU CCI) if you return to any form of employment during the period you are claiming for.

It is important that all questions are correctly and fully answered by the policy holder.

This will enable CGU Insurance to proceed with the processing of your claim; delays could occur if the claim is completed by someone other than the policy holder or if insufficient information is supplied. If for some reason the policy holder is unable to complete this form, please contact the office to discuss options.

Third Person authority to enquire

If you wish to provide authority for another person to discuss your claim on your behalf, please complete the attached authorisation and return with your completed claim form.

Please send all completed claim forms to one of the following:

Fax: 1800 032 535
Email: CCIclaims@cgu.com.au
Post: GPO Box 2177
Melbourne VIC 3001

Involuntary Unemployment Claim Form



Insurer: CGU Insurance Limited ABN 27 004 478 371.

All questions must be answered.

Please print and indicate ☒ where applicable. If insufficient space provided, please write on a separate sheet and attach to the form.

IMPORTANT NOTE

Please ensure that you have answered all questions relating to yourself and arrange for Centrelink/Job Agency Certificate and Employers Declaration to be completed. Please note that an incomplete claim form will cause delay in assessment. Please forward your completed claim form to CGU Insurance within 14 days of the occurrence. Please notify CGU Insurance when you recommence employment.

Your personal details

TITLE (E.G. MR/MRS)	SURNAME	GIVEN NAMES	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
ADDRESS			
<input type="text"/>			POSTCODE
E-MAIL			TELEPHONE NO.
<input type="text"/>			<input type="text"/> (<input type="text"/>) <input type="text"/>
NAME OF FINANCIER	DATE POLICY COMMENCED	MONTHLY INSTALMENTS	LOAN BSB
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> \$ <input type="text"/>	<input type="text"/>
LOAN ACCOUNT NO.			
<input type="text"/>			
NAME AND DATE OF BIRTH OF ANY OTHER PERSON LISTED ON POLICY			
<input type="text"/>			

Claimant's statement

NAME OF LAST EMPLOYER	ADDRESS
<input type="text"/>	<input type="text"/>
TELEPHONE NO.	POSTCODE
<input type="text"/> (<input type="text"/>) <input type="text"/>	<input type="text"/>
OCCUPATION	DATE EMPLOYED
<input type="text"/>	FROM <input type="text"/> / <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/> / <input type="text"/>
ON WHAT BASIS WERE YOU EMPLOYED?	
FULL TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
WHAT WAS YOUR REASON FOR LEAVING THIS EMPLOYMENT?	
RESIGNED <input type="checkbox"/> RETRENCHED <input type="checkbox"/> DISMISSED <input type="checkbox"/> END OF CONTRACT <input type="checkbox"/> MADE REDUNDANT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
OTHER <input type="checkbox"/> PLEASE GIVE EXPLANATION	
<input type="text"/>	
<input type="text"/>	
NAME OF EMPLOYER PRIOR TO LAST EMPLOYMENT	ADDRESS
<input type="text"/>	<input type="text"/>
TELEPHONE NO.	POSTCODE
<input type="text"/> (<input type="text"/>) <input type="text"/>	<input type="text"/>
OCCUPATION	DATE EMPLOYED
<input type="text"/>	FROM <input type="text"/> / <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/> / <input type="text"/>
ON WHAT BASIS WERE YOU EMPLOYED AT POLICY COMMENCEMENT DATE?	
FULL TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
WHAT WAS YOUR REASON FOR LEAVING THIS EMPLOYMENT?	
RESIGNED <input type="checkbox"/> RETRENCHED <input type="checkbox"/> DISMISSED <input type="checkbox"/> END OF CONTRACT <input type="checkbox"/> MADE REDUNDANT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
OTHER <input type="checkbox"/> PLEASE GIVE EXPLANATION	
<input type="text"/>	
<input type="text"/>	

Involuntary Unemployment Claim Form



Declaration

I have never had a Life, Trauma, Involuntary unemployment, Sickness or Accident policy cancelled, declined or accepted on special terms. NO ☐ YES ☐

I hereby declare that:

1. I am the person insured by CGU Insurance Limited and referred to in the foregoing particulars.
2. I agree that if I have made, or in any further declaration which CGU Insurance Limited may require of me, shall make, any false declaration or statement in support of my claim my right to any Benefit shall be forthwith forfeited.
3. I authorise the Centrelink/Job Agency or any person or firm who has employed me, to furnish to CGU Insurance Limited any information it may request in respect of my employment and unemployment.
4. To the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
5. I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

SIGNATURE OF INSURED

SIGNATURE OF WITNESS

DATE

PRINT NAME

PRINT NAME

CGU Insurance is a member of the insurance industry's independent Financial Ombudsman Service (Service). This Service is provided to the public at no cost and aims to resolve claims complaints quickly and informally if CGU Insurance is unable to resolve your complaint. You should first take up your complaint with CGU. In most cases, the problem will be resolved easily. If you are not satisfied with the outcome you may contact the Financial Ombudsman Service Limited in your state for advice and assistance in resolving your claim.

FINANCIAL OMBUDSMAN SERVICE TOLL FREE TELEPHONE NUMBER: 1300 780 808.

Certificate of centrelink/job agency

IS THE CLAIMANT REGISTERED AS A JOBSEEKER WITH CENTRELINK?

NO ☐

YES ☐ DATE THEY WERE REGISTERED AS BEING UNEMPLOYED

SIGNATURE OF AUTHORISED OFFICER

BRANCH STAMP

DATE

IS THE CLAIMANT REGISTERED AS A JOBSEEKER WITH A JOB AGENCY?

NO ☐

YES ☐ NAME OF JOB AGENCY

DATE REGISTERED WITH AGENCY

****PLEASE ATTACH CONFIRMATION LETTER FROM JOB AGENCY****

Employers declaration (to be completed by the last employer)

NAME OF EMPLOYEE

DATE EMPLOYED

FROM TO

ON WHAT BASIS WERE THEY EMPLOYED?

FULL TIME ☐ CASUAL ☐ PART TIME ☐ CONTRACT ☐ SEASONAL ☐ TEMPORARY ☐ AVERAGE HOURS/WEEK WORKED

SHORTAGE OF WORK

☐

UNSATISFACTORY WORK PERFORMANCE

☐

UNSUITABILITY FOR THIS TYPE OF WORK

☐

MISCONDUCT AS AN EMPLOYEE

☐

END OF SEASON OR CONTRACT

☐

EMPLOYEE CEASING WORK VOLUNTARILY

☐

REDUNDANCY

☐

OTHER

☐

PLEASE GIVE REASON AND/OR DETAILS

SIGNATURE

POSITION

COMPANY NAME (PLEASE AFFIX COMPANY STAMP IF AVAILABLE)

CGU Insurance Limited ABN 27 004 478 371

GPO BOX 2177 Melbourne VIC 3001 t 1800 CGU CCI (1800 248 224) f 1800 032 535 e CCIclaims@CGU.com.au

Third Person Authority to make and receive claims enquiries in relation to my claim

If you wish to provide authority for another person to discuss your claim on your behalf, please complete the following authorisation and return with your completed claim form.

I, _____ (name)

of _____ (address),

freely give permission for:

Name: _____

Address: _____

Contact Ph. No: _____

To contact and be contacted by CGU Insurance Limited to discuss information relating to and about my Involuntary Unemployment claim.

I know that I may request a copy of this authorisation. I agree that a copy of this authorisation shall be as valid as the original.

I understand that this authorisation shall be valid until my claim is processed and finalised, and that I have a right to revoke this authorisation by written notification to CGU Insurance.

Signed by _____

Print name _____ Dated _____

Witness signature _____

Print name _____ Dated _____