



# Westpac New Zealand Staff Superannuation Scheme Statement of Claim

This Statement of Claim form may be used by a member of the Westpac New Zealand Staff Superannuation Scheme (**Scheme**) to apply for a benefit on Total and Permanent Disablement (as defined under the Scheme's trust deed).

## Important information about this form

Please read before completing the form.

### What you need to do

Please scan and email this Statement of Claim form and any supporting documentation to the Scheme Administrator at **westpacstaffsuper@mercero.com**.

Please answer the questions in this form truthfully and disclose all material information in relation to your claim. If you fail to provide the requested information or supporting documents, the trustee of the Scheme (**Trustee**) and the insurer of the Additional Benefit component of the Total and Permanent Disablement benefit, Fidelity Life Assurance Company Limited (**Fidelity Life**), may not have sufficient information to evaluate your claim, and your claim assessment may be delayed or declined. If you make a fraudulent or dishonest claim, the Trustee and Fidelity Life may decline your claim and/or cancel any claim payments in accordance with the Scheme's trust deed and insurance policy. You may also be required to refund any claim payments already paid.

### What you need to know

This form collects personal information about you which the Trustee and Fidelity Life will use to assess your claim. The Trustee and Fidelity Life take all reasonable steps to ensure that your information is kept safe and confidential. Further details about how your personal information will be collected and managed can be found in the Privacy section at the end of this form.

### Need help?

If you have any questions about this form or your claim, please email **westpacstaffsuper@mercero.com** or call the Scheme Helpline between 9am and 7pm Monday to Friday on **0508 IN TANDEM (0508 468 263)**, or **+61 3 868 71831** if calling from overseas.

## A. Claimant details

All fields must be answered.

Name of scheme **Westpac New Zealand Staff Superannuation Scheme**

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Name FIRST  MIDDLE  LAST

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Home address NUMBER & STREET  SUBURB

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TOWN/CITY  POSTCODE

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Home telephone  Date of birth DD / MM / YYYY

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Email address

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Job title

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What is the exact nature of the disability (i.e. the illness or injury) which has caused you to stop work?

## B. Assessment questions

1. When was your last day of work?

2. Why did you stop working?

3. Do you have any other medical conditions?  Yes  No  
 If "Yes", please list out any medications you're taking

4. When did you first become disabled or when did the injury occur?

5. When and with whom did you first consult about this disability? (Date, Name of Doctor and Medical Centre)

**B. Assessment questions**  
(continued)

6. Please give details of all the doctors you have consulted in relation to this disability including:

- GPs
- Specialists
- Medical Centres
- Other treatment providers
- Hospitals

Name of Doctor	Name of clinic/practice	Profession/speciality of Doctor

7. In the last two years, have you been off work for greater than two weeks in relation to this condition? If so, please list the dates you were absent due to the disability.

**Period(s) off work**

DD / MM / YYYY to DD / MM / YYYY

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DD / MM / YYYY to DD / MM / YYYY

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DD / MM / YYYY to DD / MM / YYYY

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8. Please provide a summary of your job, including general responsibilities

- Example:*
- *Liaising with clients in all areas of sales*

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9. Please provide information on your workplace.

9a. **Work environment**

*Example: xyz works in the mailroom of Westpac. The mailroom has multiple tables and storage cabinets in the room. Mail and packages may be stored on the ground or on trolleys in the middle of the floor at times until the mail is sorted. The floor is concrete and there are no windows. There are multiple deliveries throughout the day.*

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9b. **Potential hazards**

*Example: Long hours with prolonged standing and walking. Requirement to lift 20kg+ single handedly and repetitively when unloading inwards goods.*

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9c. **Personal Protective Equipment**

*Example: Comfortable footwear and gloves as required.*

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**B. Assessment questions**  
(continued)

9d. **Environmental conditions**

	<b>Occasionally (less than 33% of the work time)</b>	<b>Frequently (34%-36% of the work time)</b>	<b>Constantly (67% - 100% of the work time)</b>	<b>Not a significant part of the job</b>	<b>Comments</b>
Extreme cold					
Extreme heat					
Dryness					
Wetness					
Humidity					
Noise					
Confined spaces					
Elevated heights					
Working around/ with people					
Working alone					

10. Please provide information on the work organisational factors of this job.

10a. **Hours/Breaks**

Number of hours worked per day

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Break times per day

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Number of hours worked per week

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Number of days worked per week

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10b. **Cognitive requirements for your role**

*Example:*

- Adhering to time pressures/deadlines for design/consultation work (organisational and planning demands).
- Memory, concentration, decision making, problem solving, multi-tasking, sequencing.
- Communication and interpersonal skills.

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10c. **Workplace Stressors**

*Example: Working long hours (seven days per week).*

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**B. Assessment questions**  
(continued)

13. Since stopping work with Westpac, have you been able to work in any capacity?  Yes  No  
If "Yes", please give details.

Period of work	Job duties	Part Time/ Full Time	Income earned
DD / MM / YYYY to DD / MM / YYYY			\$
DD / MM / YYYY to DD / MM / YYYY			\$

14. Please give details of the jobs you have held within Westpac in the last 10 years.

Job description	Approximate dates
	DD / MM / YYYY to DD / MM / YYYY
	DD / MM / YYYY to DD / MM / YYYY
	DD / MM / YYYY to DD / MM / YYYY
	DD / MM / YYYY to DD / MM / YYYY
	DD / MM / YYYY to DD / MM / YYYY

15. What jobs do you think you may be able to do in the future?

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16. Have you, or will you be, submitting any claims with other insurers or ACC relating to this condition?

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## C. Declaration and consent of the claimant

I declare that to the best of my knowledge and belief the above answers are true and correct. I authorise any employer, physician, clinic, hospital, Accident Compensation Corporation or institution to supply, upon request, to the Trustee and Fidelity Life on a confidential basis my personal information (including all details of any employment history, medical tests, treatment or history) for the purposes of evaluating and processing my claim.

By signing this claim form, I understand that:

- The Trustee and Fidelity Life will use my personal information for the purposes of evaluating and processing my claim.
- The personal information that I provide, including any supporting information provided with the claim form, will be treated as confidential. It will be used for the purposes of evaluating and processing my claim. I also understand that I can obtain more information about how the Trustee and Fidelity Life collect and manage my personal information from their respective privacy policies (as amended from time to time) at [westpacnzstaffsuper.co.nz/documents.html](http://westpacnzstaffsuper.co.nz/documents.html) and [fidelitylife.co.nz/westpac](http://fidelitylife.co.nz/westpac).
- The Trustee and Fidelity Life may obtain personal information about me from third parties, including my employer (Westpac New Zealand Limited), any medical professional whom I see in connection with my claim, Accident Compensation Corporation, and any other third party whom I have authorised to provide my personal information to the Trustee and Fidelity Life.
- My personal information will be accessed by the Trustee, the Scheme administrator (Mercer (N.Z.) Limited), and Fidelity Life, and may be shared with other third parties, and professional advisors to the extent reasonably required for the assessment of my claim. The third parties may include my employer (Westpac New Zealand Limited), any individual whom I have authorised the Trustee and the Scheme administrator to share my information with, any medical professional relevant to my claim, Accident Compensation Corporation, and any reinsurer involved in relation to my claim.
- Whether or not the Trustee and Fidelity Life seek information about me from third parties, I still have a responsibility to disclose

all material information to them.

- If I do not provide the information and supporting documents requested in this claim form or any further information requested by the Trustee or Fidelity Life, they may not have sufficient information to evaluate my claim, and my claim assessment may be delayed or declined. I also understand that if I make a fraudulent or dishonest claim, the Trustee and Fidelity Life may decline my claim and/or cancel any claim payments in accordance with the Scheme's trust deed and insurance policy. I may also be required to refund any claim payments already paid.
- A photocopy, photograph or scanned copy of this Declaration and consent shall be valid as an original, so long as it can be clearly read.
- I have the right to request access to, and amendment of, my personal information held by the Trustee, by contacting the Scheme's Privacy Officer at:  
Mercer (N.Z.) Limited  
Level 2, Deloitte Building, 20 Customhouse Quay  
Wellington 6011  
Telephone: **(04) 819 2641**  
Email: **philippa.kalasih@mercer.com**
- I have the right to request access to, and amendment of, my personal information held by Fidelity Life, via email at **westpac.insurancehelp@fidelitylife.co.nz**
- Cover for the Additional Benefit component of the Total and Permanent Disablement benefit under the Scheme is arranged by the Trustee of the Scheme and is underwritten by Fidelity Life. None of Westpac Banking Corporation ABN 33 007 457 141 (incorporated in Australia), Westpac New Zealand Limited, Westpac New Zealand Staff Superannuation Scheme Trustee Limited, or any member of the Westpac group of companies guarantee the obligations of, or any products issued by, Fidelity Life or any member of the Fidelity Group of companies.

Member name

Staff ID

Member signature

Date DD / MM / YYYY

### Please also attach copies of the following documents:

- **Birth Certificate**
- **Marriage Certificate or proof of name change if surname is different to that shown on your Birth Certificate.**
- **Your most recent CV that outlines your work history, education, and any hobbies, interests or social activities you're involved in.**