LIFESTYLE PROTECTION INSURANCE
REDUNDANCY CLAIM FORM

MARAC INSURANCE LIMITED

MARAC Insurance, Box 9919, Newmarket, Auckland 1149. Ph 0800 45 10 10 Fax 09 927 9318

Personal Details - INSURED

Mr/Mrs/Miss/Ms/Dr (please circle) First Names Surname

Address

Suburb City Postcode

Phone No. (hm) Phone No. (wk) Phone No. (mobile)

Email address Date of Birth / /

Nominee Postal address

Employment details

Usual Occupation

Name of Primary Employer

Address of Primary Employer

Date Employment Commenced / / Date Employment Ceased / /

Reason Employment Ceased

Details of any other current employment

Employer's Name Place of Work

Phone No. (wk) Phone No. (mobile)

Address

Suburb City Postcode

Type of Employment (please tick)

☐ Casual Work ☐ Fixed term Contract

☐ Self Employment ☐ Seasonal or Temporary Work

☐ Paid by commission, fees or other than by way of salary or wages

Have you worked since being made redundant? (please tick) ☐ Yes ☐ No

If yes, what date did you start work / / Date Ceased (if applicable) / /

Period of work days Hours of work (average per day)

WINZ branch details where registered

Case Manager Phone No. (wk)

Note: Please include a copy of the written Notice of Redundancy and a letter from WINZ to confirm that you are actively seeking employment

Were you in permanent full time employment at the date of signing the Lifestyle Protection Insurance policy? (please tick) ☐ Yes ☐ No

Proceeds of Claim

Please confirm (tick a box) where you would like the claim proceeds (if accepted) to be paid:

☐ Pay the full claim onto my MARAC loan

☐ Pay the full claim into the following bank account ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

☐ Pay the full claim to another finance company named here:

Policy No.

Claim No.

About protecting your privacy

This claim collects personal information about you to evaluate the claim you are making.

The recipient and holder of the information is MARAC Insurance Limited, 35 Teed Street, Newmarket, Auckland 1023. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the claim and is mandatory. The failure to provide this information may result in your claim being declined or your insurance being void.

You have right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Insured signature

Signed

Date / /

Declaration

I/we declare that the statements contained in this claim are true, and I/we have not suppressed or misstated any facts that are relevant to this claim.