Funeral Cover Claim Form – Nominated Beneficiary

Policy Number: ....

Name of the Insured Person: ....

Date of Birth: .... / .... /.........

Date of Death: .... / .... /.........

Cause of Death: ………..

Nominated Beneficiary: ....

Address of Beneficiary: ....

....

Home Phone: .... Cell Phone: ....

Email Address: …………………………………………………………………………..

Claim Requirements

☐ Full Death Certificate or Medical Certificate of Cause of Death

☐ This claim form is *fully* completed

☐ Proof of Identity of Nominated Beneficiary (showing the full name and signature)

Refund by Direct Credit

Claim proceeds will be credited directly into your bank account. Direct crediting enables almost immediate access to funds and removes the risk associated with mailing cheques, clearance delays and mail problems. Insert account details below:

☐☐☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Account Name: …………………………………………………………………….

Declaration

(To be completed by the Nominated Beneficiary)

I declare that to the best of my knowledge the foregoing particulars are true and correct and that we have not withheld any information that is relevant to this claim.

I authorise the disclosure to Cigna Life Insurance New Zealand Limited (Cigna) of personal information held by any other person or organisation regarding or affecting this claim and authorise Cigna to release to any other relevant person or organisation personal information regarding or affecting this claim.

I understand that personal information collected on this claim form and any other information obtained for the purpose of assessing this claim will be held by Cigna and you have rights of access to and correction of this information under the Privacy Act.

I acknowledge that the payment of the proceeds of the said policy to us or as we direct, will be in full satisfaction and discharge of the said policy.

Signatures of Nominated Beneficiary: ....

Signature of Witness: ....

Date: ..../........./..........

FOR OFFICE USE ONLY	DATE REQUESTED: 18/11/2020	DATE SENT: 18/11/2020	DATE RECEIVED: