



Cigna Life Insurance New Zealand Limited  
 Majestic Centre, Level 24  
 100 Willis Street  
 PO Box 24 031, Wellington 6142  
 Tel: 0800 244 623  
 Fax: 04 470 9151  
 Email: claims.nz@cigna.com

# Funeral Cover Claim Form

Policy Number: .....  
 Name of the Insured Person: .....  
 Date of Birth: ..... / ..... /.....  
 Date of Death: ..... / ..... /.....  
 Cause of Death: .....  
 Executor/s of Estate: .....  
 Address:.....  
 Home Phone: ..... Cell Phone: .....  
 Email Address: .....

**Claim Requirements**

- Full Death Certificate or Medical Certificate of Cause of Death
- This claim form is **fully** completed
- A copy of the Will

**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 Executor/s of the Estate.)

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

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

Name: ..... Name: .....  
 Relationship to Deceased: ..... Relationship to Deceased: .....  
 Signature: ..... Signature: .....  
 Witness: ..... Date: ...../...../..... Witness: ..... Date: ...../...../.....

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