PLEASE DO NOT
STAPLE ATTACHMENTS

Retrenchment/redundancy notification

1. Please read the 'Requirement, Terms and Conditions' outlined below before completing and signing this form.
2. Please complete this form using **black ink** and write within the boxes in CAPITAL LETTERS.
   Mark appropriate answer boxes with a cross. Start at the left of each answer space and leave a gap between words. PLEASE DO NOT STAPLE.
3. Please complete all details that are relevant to you on both sides of this form.
4. Read the declaration and sign all the signature panels you need to.

SECTION A: YOUR DETAILS

Policy number

Surname

First name

Home address

Unit number　Street number　PO Box number

Street name

Suburb

State　Postcode

Home phone number

Daytime phone number

Mobile phone number

Email address

Date of birth　D D / M M / Y Y

Sex (M/F)　D D M

Age　M Y Y

Are you the main income earner?　X Yes　X No

SECTION B: PARTICULARS OF EMPLOYMENT

Trading name of last employer

Address of last employer

Unit number　Street number　PO Box number

Street name

Suburb

State　Postcode

Home phone number

Daytime phone number

State the period of employment with last employer

From D D / M M / Y Y to D D / M M / Y Y

On what basis were you employed

- X Full-time
- X Permanent part-time *(ie involving a minimum of 20 hours per week)*
- X Casual
- X Seasonal
- X Temporary
- X For a specified time only
- X Other

What date did you cease your last employment

D D / M M / Y Y

Please state your reasons for leaving your last employment

Have you recommenced employment?　X Yes　X No

If yes, please advise commencement date　D D / M M / Y Y

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Provided by

Retrenchment/redundancy notification

SECTION C: REQUIREMENTS FOR TERMS AND CONDITIONS FOR UNEMPLOYMENT BENEFITS

1. Must be a policyholder for the preceding twelve months on Hospital Super Plus.
2. Must be the main income earner prior to being retrenched or redundant.
3. Must have lost full-time employment through involuntary retrenchment or redundancy.
4. Main income earner must have been continuously employed for at least six months prior to retrenchment or redundancy.
5. The period of unemployment must be within the last twelve months.
6. Must pay health contributions one month forward from retrenchment/redundancy date.
7. Supporting documentation from your last employer must be provided. Please supply a photocopy of your separation form. Completion of this form and ongoing documentation is required quarterly before payment is made example Statutory Declaration/Centrelink.
8. Only one unemployment claim can be made per lifetime of the Policy.
9. Your level of cover cannot be altered while receiving unemployment cover.
10. Unemployment cover applies only in the case of involuntary retrenchment or redundancy. Examples of when unemployment cover does not apply include the following circumstances:
    - voluntary unemployment
    - unemployment due to ill health or injury
    - temporary or seasonal employees
    - unemployment to return to studies
    - self employed persons and contractors
    - unemployment due to breach of employment conditions, serious misconduct or participation in crime
    - unemployment arising from childbirth or pregnancy
    - unemployment due to force majeure events, e.g. war.

SECTION D: PRIVACY – USE AND DISCLOSURE OF PERSONAL INFORMATION

The Fund protects the personal and sensitive information of their members under Privacy Act (Cth). This information will only be used for the purpose of determining unemployment benefits and will not be disclosed to any external parties.

SECTION E: DECLARATION

I acknowledge that I have read and understood the 'Requirements, terms and conditions' outlined above.

I authorise any person who has employed me to furnish the Fund with any information which may be required in respect to this notification.

Policyholder's signature

✗

D D / M M / Y Y

MBFA0292SGIC

Insurance Australia Limited ABN 11 000 016 722 trading as SGIC distributes SGIC Health Insurance.
SGIC Health Insurance is provided to you by the insurer Bupa Australia Pty Ltd ABN 81 000 057 590 trading as MBF.
As the insurer, Bupa Australia Pty Ltd is referred to as the 'Fund'.