

# Redundancy Claim Form



**Pursuant to the Privacy Act 1993 the following is brought to your attention:**

- a. This claim form collects personal information about you
- b. The information is collected to evaluate your claim
- c. The collection of this information is required pursuant to the terms of your insurance policy
- d. The failure to provide this information may result in your claim being declined
- e. The information is being collected and held by Southsure Assurance Limited, PO Box 1404, Invercargill
- f. The intended recipient of the information is Southsure Assurance Limited, PO Box 1404, Invercargill
- g. You have the right of access to and correction of this information in accordance with the Privacy Act 1993

**PERSONAL DETAILS (must be completed by the insured)**

Loan Account Number

Name

Address

Date of Birth

Phone – Home

Work

Mobile

**REDUNDANCY DETAILS (must be completed by the insured)**

Name of your employer

Your occupation

Employer's Address

Date redundancy effective from

Date first made aware of redundancy

What steps have you taken to find alternative employment?

If you were employed for less than 12 months, please provide details of your previous employer(s)

Employer \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**Please ensure that you read and sign the Redundancy Declaration on the back of this form.**

**Please ensure the Redundancy Certificate on the back of this form is completed by your employer.**

**A copy of your official notification of redundancy from your employer AND a Confirmation of Employment Seeking form completed by your WINZ case manager or a recruitment consultant MUST be returned with this claim form.**

**REDUNDANCY DECLARATION (must be completed by the insured)**

I declare that the information given above is true and complete. I understand that all claim payments will be made to my financiers.

I declare that my permanent employment been terminated, the termination being attributable, wholly or mainly, to the fact that the position filled by me has become superfluous to the company needs. (For the avoidance of doubt, this does not include seasonal, contractual, casual or temporary employment being terminated, or resignation, retirement, dismissal, or agreement to leave employment through mediation.)

I hereby authorise any A.C.C., insurance company, employer, Department of Social Welfare, WINZ, or any other authority to disclose to Southsure Assurance Limited any and all information concerning my employment history. A photocopy of this authorisation shall be as valid as the original.

I authorise the disclosure of personal information held by other parties which relate to this claim.

I agree to Southsure Assurance Limited disclosing to other parties personal information regarding this claim.

I authorise any licensed Private Investigator instructed by you to make enquiries into my claim to take such audio transcription, photographic or video surveillance as might be necessary for your proper assessment of my claim, such audio transcriptions, photographic or video surveillance may be carried out without my prior knowledge or any other consent.

Full name of Insured \_\_\_\_\_

Signature of Insured \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**REDUNDANCY CERTIFICATE (to be completed by your employer)**

Date client first knew of redundancy or pending redundancy: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

On what basis was our client employed? (please circle)

Seasonal

Temporary

Casual

Contractual

Full time

Part time

On average, how many hours per week?

Was redundancy voluntary?

Was redundancy paid?

What was our client's employment status? (please circle)

Working shareholder

Director

Employee

Contractor

Other (please explain)

I declare that the permanent employment of the client named in this form has been terminated, the termination being attributable, wholly or mainly, to the fact that the position filled by the client has become superfluous to the company needs.

(For the avoidance of doubt, this does not include seasonal, contractual, casual or temporary employment being terminated, or resignation, retirement, dismissal, or agreement to leave employment through mediation.)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Stamp