



# Home Loan Compassionate Care claim form – Terminal Illness

Home Loan Compassionate Care is here to help during this difficult time, so you can focus on the things that matter.

For support in completing this form, please contact us on **1800 319 457** between 8am and 5pm (AEST/AEDT), Monday to Friday.

For more information about Home Loan Compassionate Care and eligibility, go to [commbank.com.au/compassionatecare](http://commbank.com.au/compassionatecare)

## Purpose of this form

The purpose of this form is to allow you to make a claim for benefits under Home Loan Compassionate Care, where the terminally ill person is a borrower under a home loan, or is the spouse or dependant of a borrower.

Your information is important to us. This form (see section 4) outlines what information will be collected and why, explains how the information will be used and who we will share the information with.

Before we can lodge a claim with the Insurer, you'll need to ensure that section 6 of this form has been signed by the Notifier, terminally ill person and any borrower(s) completing this form, or their authorised representative(s). This ensures that we, and the Insurer, have your consent to process this claim and collect, use and share your information.

If your claim is submitted to the Insurer, they will contact the Notifier on our behalf for further information and assess whether you are eligible for Home Loan Compassionate Care benefits.

## Meaning of terms used in this form

<b>'You'</b>	Refers to the person(s) signing this form.
<b>'We', 'Us' or 'Our'</b>	Refers to Commonwealth Bank of Australia ABN 48 123 123 124 AFSL and Australian credit licence 234945 (CommBank).
<b>'Insurer'</b>	Refers to AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia), who provides the insurance cover for Home Loan Compassionate Care.
<b>'Notifier'</b>	Is the person lodging the claim to commence the claim assessment process, and will be contacted if additional documents or information is required.

## BRANCH USE ONLY – Home Loan Compassionate Care

Please **scan and email this form along with any certified ID documents** required for the customer's proof of identification to the Home Loan Compassionate Care inbox.

Do not accept any medical documents from the Notifier as these should be submitted directly to the Insurer, if requested. The Insurer will contact and provide further instruction to the Notifier once they have received the claim.

If you have any questions, please call the Home Loan Compassionate Care team on **1800 319 457** for assistance.

## How to use this form

The following person(s) can lodge a claim for Home Loan Compassionate Care:

Tick all that apply (✓)	You are	Complete and read the following	Certified copies of documents to be provided
	The terminally ill person and CommBank home loan borrower	Sections 1, 2, 4, 5 and 6.	• No additional documents at this stage
	The authorised representative of the terminally ill person, who is a CommBank home loan borrower	Sections 1, 2, 4, 5 and 6	• Proof of authority (e.g. Power of Attorney <sup>^</sup> ) • Proof of ID* for yourself (e.g. driver's licence or passport)
	A CommBank home loan borrower and the terminally ill person is your spouse or dependant	All sections	• Proof of ID* for your spouse or dependant (e.g. driver's licence or passport)
	The terminally ill person and CommBank home loan borrower, and your spouse is also a CommBank home loan borrower	All sections	• No additional documents at this stage



\* To find out what other documents are accepted as proof of ID, please see our identification checklist at [commbank.com.au/id](http://commbank.com.au/id) or visit a branch.

If you are not a CommBank customer and would like to send us your certified ID by post, you will also be required to complete our '**Certified Copies Identification**' form. You will need to provide the original and a copy of acceptable identification documents to a prescribed person who is required to complete the actions as set out in the form (For more details on acceptable identifications and prescribed persons, refer to Sections 4 & 5 of the Certified Copies Identification form).

[commbank.com.au/personal/apply-online/download-printed-forms/Certified\\_Copies\\_Identification\\_Form.pdf](http://commbank.com.au/personal/apply-online/download-printed-forms/Certified_Copies_Identification_Form.pdf)

<sup>^</sup> Please note a Power of Attorney must be lodged in person at a CommBank branch.



## Section 1 – About the terminally ill person

**Title**  
 Mr  Mrs  Miss  Ms  Other

**Full legal name:**  
**First name**  **Middle name(s)**  **Last name**

**Residential address (PO Box is not acceptable)**  
  
 State  Postcode  Country

**Date of birth (DD/MM/YYYY)**  **Date of diagnosis (DD/MM/YYYY)**

Does this person hold any CommBank home loans in their name?  
 Yes  
 No

Is this person a spouse or dependant of a CommBank home loan borrower?  
 Yes ▶ please ensure you complete the borrower's details in Section 3 as these borrowers may be eligible to have Compassionate Care applied to their loans.  
 No, you do not need to complete Section 3.

## Section 2 – About you (the Notifier)



We and the Insurer will contact this person if any additional documents or information is required.

**Title**  
 Mr  Mrs  Miss  Ms  Other  **Mobile number**

**Full legal name:**  
**First name**  **Middle name(s)**  **Last name**

**Residential address (PO Box is not acceptable)**  
  
 State  Postcode  Country

**Postal address (if this is different to your residential address)**  
  
 State  Postcode  Country

**Date of birth (DD/MM/YYYY)**  **Email address**

Who would you like us to correspond with?  
 Contact me directly on this claim  
 Contact my legal representative, friend or family member, who can access information about this claim on my behalf

**Legal Representative or Law firm name (if applicable)**

**Full legal name**

**Postal address**  
  
 State  Postcode  Country

**Email address**  **Mobile number**



By completing this section, you confirm you have received consent from your legal representative/friend/family member to share their details with us.



### Section 3 – About the Borrower(s)



Only complete this section if you are a CommBank home loan borrower and the terminally ill person is your spouse or dependant.

#### Borrower 1

The terminally ill person is my:

Spouse  Dependant

Are you the Notifier in Section 2?

Yes, I have provided my details already

No ▶ please provide your details below

Title

Mr  Mrs  Miss  Ms  Other

Full legal name:

First name

Middle name(s)

Last name

Residential address

<input type="text"/>		
<input type="text"/>	State	Postcode

Date of birth (DD/MM/YYYY)

#### Borrower 2

The terminally ill person is my:

Spouse  Dependant

Are you the Notifier in Section 2?

Yes, I have provided my details already

No ▶ please provide your details below

Title

Mr  Mrs  Miss  Ms  Other

Full legal name:

First name

Middle name(s)

Last name

Residential address (PO Box is not acceptable)

<input type="text"/>			
<input type="text"/>	State	Postcode	Country

Date of birth (DD/MM/YYYY)



## Section 4 – Privacy Statement

It is important for you to understand that we and the Insurer have separate privacy policies. For further information on how we and the Insurer manage privacy please refer to our privacy policy at [commbank.com.au/privacy](http://commbank.com.au/privacy) and the Insurer's privacy policy at [aia.com.au/privacy](http://aia.com.au/privacy)

### Important information about your privacy and how we and the Insurer collect, use and share your information

We and the Insurer must follow the Privacy Act and Australian Privacy Principles (APPs).

### Why we and the Insurer collect your information and what it is used for

We and the Insurer collect, use and exchange information about the terminally ill person, the relevant home loan borrower(s), the notifier(s) and their home loan account(s).

The information is used to:

- Confirm the identity of the notifier, borrower(s) and the terminally ill person
- Identify and review eligible home loans of the borrower(s) and the terminally ill person
- Confirm the claim meets the eligibility requirements
- Assess and manage the claim, which may require collecting sensitive information, such as health information
- Contact you, for example, when we or the Insurer need further documents or to tell you the result of the claim
- Manage our relationship with you and improve our service to you and your experience with us
- Minimise risks and identify or investigate fraud and other illegal activities
- Comply with laws, for example the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*, *Taxation Administration Act 1953* and *Income Tax Assessment Act 1997*, and assist government or law enforcement agencies.

We and the Insurer may also collect, use and exchange your information for other reasons where the law allows or requires.

You may decline to share certain personal information with us or the Insurer, in which case we may not be able to proceed with your Home Loan Compassionate Care claim.

### Sharing your information

We and the Insurer may share your information with third parties for the reasons listed above or where the law otherwise allows. These third parties include:

- Other members of the CBA Group
- AIA Australia Limited
- People who act on your behalf – for example, a person with a Power of Attorney
- People who help us process claims – for example, assessors and investigators
- Other people with the same account – for example, co-borrowers.
- Other banks and financial institutions – for example, if we need to process a claim for a mistaken payment
- Auditors, insurers and re-insurers
- Government and law enforcement agencies or regulators
- Organisations that help identify illegal activities and prevent fraud

Your personal information, which you have provided in support of a claim, will not be sent overseas.

Our privacy policy and the Insurer's policy tells you about other ways and reasons your information may be collected, used or shared. They also contain information about how to access your information and correct it if it's wrong.

Visit [commbank.com.au/privacy](http://commbank.com.au/privacy) for our most up-to-date privacy policy or for a copy at any CommBank branch.

Visit [aia.com.au/privacy](http://aia.com.au/privacy) for the Insurer's most up-to-date privacy policy.

To find more information about how we manage your privacy complaint, please also refer to our privacy policy as it contains information about how an individual may complain about a breach of the Australian Privacy Principles.



## Section 5 – Acknowledgements

Read these acknowledgements and if you agree, sign Section 6.

- You confirm that the information you've given or will give as part of this claim notification is true and correct
- You've read this form and you give us and the Insurer permission to collect, use and share your information as disclosed in section 4 and in our and the Insurer's respective privacy policies
- You give permission for us and the Insurer to contact the Notifier about this claim
- You acknowledge that, if this claim is accepted, all borrowers under the home loan will be notified of the acceptance of the claim
- You acknowledge that if benefits are paid for a person's terminal illness, no other benefits will be paid for that person, for example if the person subsequently dies or suffers from another terminal illness
- You acknowledge that, if a claim is made after the maximum benefit has been reached for the terminally ill person, we may disclose the existence of this claim to the new claimant, without disclosing the details of the claim. To find out more about the maximum benefit, please refer to [commbank.com.au/compassionatecare](http://commbank.com.au/compassionatecare)

## Section 6 – Signature(s) of the Terminally ill person, Notifier and Borrower(s)

In this section, the terminally ill person (in Section 1), the Notifier (in Section 2) and all Borrowers (in Section 3) must sign this form.



### Terminally ill person (or their authorised representative)

If this person is aged 15 years or under, this will need to be signed by their authorised representative.

Full Legal Name(s)

Signature

Date (DD/MM/YYYY)



### Notifier

We and our Insurer will contact this person if any additional documents or information are required.

Full Legal Name(s)

Signature

Date (DD/MM/YYYY)

### Borrower(s)

**Borrower 1** Full Legal Name(s)

Signature

Date (DD/MM/YYYY)

**Borrower 2** Full Legal Name(s)

Signature

Date (DD/MM/YYYY)

### Next steps:

Attend any CommBank Branch with certified copies of all required supporting documentation. If you bring the original document, we can certify the documents in Branch.

OR

Mail this form with certified copies of all required supporting documentation to:

Processing Services  
 Home Loan Compassionate Care  
 PO Box 334  
 Silverwater NSW 2128  
 Australia

**Please don't send original documents – certified copies will do.**