

Reimbursement Form



Guide to reimbursement of fees for counselling, financial advice and/or legal advice

Please tick the boxes to confirm under which benefit you are applying for fees to be reimbursed:

- Counselling Benefit**
Is for reimbursement of fees for Psychiatrist or Psychologist consultations and/or counselling, subject to meeting the criteria for reimbursement as outlined in your policy wordings.
- Financial and Legal Advice Benefit**
Is for reimbursement of fees for financial planning advice provided by an accredited adviser and/or legal advice provided by a legal professional, subject to meeting the criteria for reimbursement as outlined in your policy wordings.

Please attach proof of your payment such as a copy of your receipt(s) for payment of these fees and list them in the form below. All policy owners are required to sign this form.

1 Policy details

Claim number	<input type="text"/>	Policy number	<input type="text"/>
Name of Life Assured	<input type="text"/>		

2 Receipts/invoices enclosed

	Invoice Amount	Receipt Amount
Name of service provider	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>
Total value of claim	\$ <input type="text"/>	\$ <input type="text"/>

3 Reimbursement details

Please provide bank account details for reimbursement.

Name of account	<input type="text"/>														
Bank	<input type="text"/>	Branch number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Suffix	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Declaration and consent

- > I/We confirm that the bank account number detailed above and attached is the account that I/we want the claim proceeds to be paid into.
- > I/We agree to indemnify AIA from and against all liability, claims, costs and expenses of whatever nature that it may suffer as a result of AIA agreeing to pay the above benefit/s under this policy to the account number specified.

Name of Policy Owner	<input type="text"/>												
Signature of Policy Owner	<input type="text"/>										X	Date	<input type="text"/>
Name of Policy Owner	<input type="text"/>												
Signature of Policy Owner	<input type="text"/>										X	Date	<input type="text"/>

5 Returning your form

Please check that all details are correct, then either scan and email the form and copies of the receipts/invoices to enquireNZ@aia.com or post to AIA New Zealand Limited, Private Bag 92499, Victoria Street West, Auckland 1142.

