



Retail Crisis Recovery Claim Form

Statement by LIFE INSURED. All questions MUST be answered fully.

SECTION A – Personal Details

Name of Life Insured	<input type="text"/>	Policy Number	<input type="text"/>			
Residential Address	<input type="text"/>					
	<input type="text"/>					
Postal Address	<input type="text"/>					
	<input type="text"/>					
Telephone (home)	<input type="text"/>	(business)	<input type="text"/>			
	<input type="text"/>	(mobile)	<input type="text"/>			
E-mail (for correspondence)	<input type="text"/>		Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>		Age	<input type="text"/>		
Do you hold citizenship(s) other than an Australian citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If 'Yes', please advise your other country of citizenship(s) <input type="text"/>						

SECTION B – Details of this Condition

- What is the exact nature of your condition? (Please refer to the Crisis definitions in your Policy Document.)
- When did the symptoms first occur?
- Have you ever suffered from the same or a similar condition in the past? ☐ Yes ☐ No If 'Yes', please provide details.
- (a) When did you first consult a doctor or medical provider for your condition?
Name, address and telephone contact details of the doctor or medical provider consulted.

Field of Practice (ie. GP, oncologist, etc.)
(b) When did you last consult this doctor?
(c) Is this your usual doctor or medical provider? ☐ Yes ☐ No
If 'No', please provide the name, address and telephone contact details of your usual doctor or medical provider.

(d) Have you consulted any other doctors and/or medical providers for your condition? ☐ Yes ☐ No
If 'Yes', please provide details below (attach a separate sheet if required).

Date first consulted	Date last consulted	Doctor's name/Field of practice	Address and telephone contact details
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION B – Details of this Condition (continued)

5. Were you hospitalised? ☐ Yes ☐ No If 'Yes', please provide details below (attach a separate sheet if required).

Hospital name	Address and telephone contact details	Date admitted	Date discharged
		/ /	/ /
		/ /	/ /

6. What is your current treatment?

SECTION C – Medical History

7. Please provide the dates and reasons for all other consultations with your usual doctor or medical provider during the last 5 years.

Date	Reason

8. Have you attended any other doctor or medical provider (other than your usual doctor or medical provider) during the last 5 years? ☐ Yes ☐ No If 'Yes', give details below.

Date	Reason	Name, address and telephone contact details of doctor

9. What medications have you taken during the last 5 years (other than for colds or influenza)?

SECTION D – Other Insurances

10. Have you previously made a claim against us (AIA Australia) in respect of this condition or any other injury, sickness or disability? ☐ Yes ☐ No If 'Yes', please provide details.

11. Are you insured elsewhere for crisis, trauma, illness, injury or income protection benefits? ☐ Yes ☐ No
If 'Yes', please provide details.

DECLARATION AND CONSENT

I declare that the information in this Claim Form is true, correct and complete. I understand and agree that if I make any false or fraudulent statements or fail to advise AIA Australia Limited of any relevant information regarding my claim, AIA Australia Limited may refuse to pay benefits and proceed to cancel my claim and/or my insurance cover.

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the Privacy Policy on the AIA Australia website www.aia.com.au as updated from time to time, including (without limitation) for the purposes of investigation, assessment and management of my claim and related purposes, and the collection and exchange of my personal and sensitive information from and with the following (where relevant):

- a. the life insured, policy owner or beneficiaries of my insurance policy;
- b. my representatives (including my financial adviser), employer and financial institution;
- c. other insurers (including workers' compensation insurers), insurance brokers and intermediaries and insurance and credit reference agencies;
- d. medical and health providers, including the ambulance service;
- e. AIA Australia's investigators, service providers, partners and reinsurers;
- f. regulatory and law enforcement agencies;
- g. the trustee and administrator of my superannuation fund; and
- h. other third parties assisting with the investigation, assessment and management of my claim.

I authorise my previous and current employer to provide AIA Australia Limited details of my employment history.

I agree that a copy of this authorisation shall be considered as effective and valid as the original.

Name of Life Insured (*please print*)

Signature of Life Insured

Date

	X	
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AUTHORITY TO OBTAIN INFORMATION

I hereby authorise any insurer or other institution to release to AIA Australia Limited or its representatives all information which AIA Australia Limited requests for the purpose of assessing or investigating my claim.

I agree that a copy of this authorisation shall be as effective and valid as the original.

Name of Life Insured (*please print*)

Signature of Life Insured

Date

	X	
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Authority to Release Health Information

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, (**AIA Australia**), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **AIA Australia**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **AIA Australia** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

Authority 2

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **AIA Australia**, or to third parties they engage, only if **AIA Australia** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

☐ I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.



Privacy

This section summarises key information about how AIA Australia handles personal information including sensitive information. For further information, please review the most up to date full version of the AIA Australia Group Privacy Policy on AIA Australia's website at www.aia.com.au, as updated from time to time (AIA Australia Privacy Policy).

Your privacy is important to us and AIA Australia and we are both bound by the Privacy Act, and other laws which protect your privacy. AIA Australia Group consists of AIA Australia Limited, AIA Financial Services Limited, The Colonial Mutual Life Assurance Society Limited, CMLA Services, Jacques Martin Pty Ltd, Jacques Martin Administration and Consulting Pty Ltd, AIA Group and their related bodies corporate and joint venture partners (together referred to as "AIA Australia", "we", "us" and "our"). Together, we provide you the following notification and information about AIA Australia's Privacy Policy and your rights.

Why AIA Australia collects Personal Information

AIA Australia collects, uses and discloses personal and sensitive information ("Personal Information") for purposes set out in the AIA Australia Privacy Policy, including to process applications for AIA Australia's products and services (including products AIA Australia distribute), to assist with enquiries and requests in relation to AIA Australia's products and services (including products AIA Australia distributes), for underwriting and reinsurance purposes, to administer, assess and manage your products and services, including claims, to understand your needs, interests and behaviour and to personalise dealings with you, to provide, manage and improve AIA Australia's products and services, to maintain and update AIA Australia's records, to verify your identity and/or authority to act on behalf of a customer, to detect, detect, manage and deal with improper conduct and commercial risks, for reporting, research and marketing purposes, to otherwise comply with local and foreign laws and regulatory obligations, and for any other purposes outlined in AIA Australia's Privacy Policy. The reasons why AIA Australia collect, use and disclose Personal Information may vary depending on the product, services or other circumstances in which you have engaged with AIA Australia. Where you agree or AIA Australia is otherwise permitted by law, AIA Australia may contact you on an ongoing basis by email, phone and otherwise, with offers and other promotional information about products or services AIA Australia think may interest you. If you do not wish to receive these direct marketing communications you may indicate this where prompted or by contacting AIA Australia as set out in AIA Australia's Privacy Policy.

How AIA Australia collects, uses and discloses Personal Information

AIA Australia may collect your Personal Information from various sources including forms you submit and AIA Australia's records about your use of AIA Australia's products and services and dealings with AIA Australia, including any telephone, email and online interactions. AIA Australia may also collect your information from public sources, social media and from the parties described in AIA Australia's Privacy Policy. AIA Australia is required or authorised to collect Personal Information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in AIA Australia's Privacy Policy. Where you provide AIA Australia with Personal Information about someone else, you must have their consent to provide their Personal Information to AIA Australia in the manner described in AIA Australia's Privacy Policy.

AIA Australia may collect your Personal Information from, and exchange your Personal Information with, AIA Australia's related bodies corporate including without limitation, joint venture partners and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, AIA Australia service providers or contractors, your intermediaries (including without limitation, your financial adviser and the Australian Financial Service Licensee they represent, the distributor of your insurance policy, the trustee or administrator of your superannuation fund, your employer, unions of current and former staff members of AIA Australia (including contractors) medical professionals or anyone acting on your behalf including any other representative or intermediary) ("Representatives"), your employer, bank, medical professional or health providers, partners used in AIA Australia's activities or business initiatives (including if relevant to your policy, the Commonwealth Bank of Australia), AIA Australia's distributors, clients, and reinsurers, private health insurers (including MO Health Pty Ltd) and their contractors and agents, other insurers including worker's compensation insurers, authorities and their agents, other super funds, trustees of those super funds and their agents, regulatory and law

enforcement agencies, other bodies that administer applicable industry codes, and other parties as described in AIA Australia's Privacy Policy.

Where AIA Australia provides your Personal Information to a third party, the third party may collect, use and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

Parties to whom AIA Australia discloses Personal Information may be located in Australia, South Africa, the United States, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy. If the Financial Services Council Life Code of Practice ("Code") applies to the insurance cover AIA Australia provides to you, AIA Australia will comply with the Code when AIA Australia collects, uses and discloses your Personal Information.

Other important information

By providing information to AIA Australia or your Representatives, the trustee or administrator of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with AIA Australia directly or via an intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information in the manner described in AIA Australia's Privacy Policy on AIA Australia's website as updated from time to time, and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing Personal Information to AIA Australia. You agree that AIA Australia may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from AIA Australia's website at www.aia.com.au or by contacting AIA Australia on 1800 333 613 to obtain a copy. You have the right to access the Personal Information AIA Australia holds about you, and can request the correction of your Personal Information if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to AIA Australia using the details in the 'Contact AIA Australia' section below. AIA Australia's Privacy Policy provides more detail about AIA Australia's collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how AIA Australia will deal with that complaint, and your opt-out rights. Always ensure you are reviewing the most up-to-date version of AIA Australia's Privacy Policy as published on AIA Australia's website.

For the avoidance of doubt, the AIA Australia Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at www.aia.com.au, which shall supersede and replace all previous AIA Australia Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, websites and applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact AIA Australia

If you have any questions or concerns about your Personal Information, please contact AIA Australia as set out below:

The Compliance Manager
AIA Australia Limited
PO Box 6111
Melbourne VIC 3004
Phone 1800 333 613



Retail Medical Attendant's Statement

Cancer Crisis Recovery

If there is a charge for completing this form, the payment is the responsibility of the patient.

Privacy

In completing this form you may be providing AIA Australia Limited with personal and sensitive information. This information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Group Privacy Policy as updated from time to time (AIA Australia Privacy Policy). For more information about the AIA Australia Privacy Policy (including notification) please refer to www.aia.com.au or contact 1800 333 613 to request a copy. AIA Australia may, if requested by the patient, require that you consider a request for personal and sensitive information and act accordingly.

Patient's Name

Occupation

1. How long have you known this patient?

Professionally

Personally

2. In relation to this Crisis Recovery claim, please tick the most relevant category below:

☐

Malignant neoplasm

☐

Carcinoma in-situ (female organs only)

☐

Benign brain neoplasm

3. Please outline the diagnosis, including circumstances leading to diagnosis as well as the site of the tumour?

4. When did you first consult the patient in relation to his/her neoplastic disease?

 / /

5. When did the patient first experience their symptoms and what were they?

6. What was the date of confirmed diagnosis?

 / /

7. What is the treatment or management plan?

8. Please indicate which of the following tests were performed and attach copies of the same:

☐

Blood tests and/or tumour markers

☐

Biopsy/Excision

☐

Imaging studies

Please attach copies of the histology.

☐

Other – please list

9. In the case of a melanoma, please provide a complete outline of size, thickness and depth of invasion.

Please also indicate the presence or absence of ulceration. **Please attach copies of the histology.**

10. Has the patient been referred to any other doctor(s) or medical provider(s)? ☐ Yes ☐ No

If 'Yes', please provide details including any surgical treatment.

Date of referral

 / /

Field of Practice (oncologist, etc.)

Name, address and telephone contact details

Date of referral

Field of Practice (oncologist, etc.)

Name, address and telephone contact details

11. Has the patient been hospitalised? ☐ Yes ☐ No If 'Yes', please provide details below (attach a separate sheet if required).

Date admitted	Date discharged	Hospital name/Address and telephone contact details	Condition/Procedure
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>

12. Has the patient previously suffered from any similar or related conditions to this claimed neoplastic condition or conditions known to be risk factors (eg. a family history of cancer)? ☐ Yes ☐ No
If 'Yes', please provide details.

13. Has the patient ever had or is currently a carrier of Hepatitis B or C? ☐ Yes ☐ No If 'Yes', please provide details.

14. Has the patient ever smoked tobacco or any other substance? ☐ Yes ☐ No If 'Yes', please provide details.

ADDITIONAL INFORMATION

15. Please provide any additional information or comments you feel are relevant to this claim.

DECLARATION

I hereby certify that I have personally attended the above named patient and that all the information supplied by me on this form is true, correct and complete.

I confirm that I have handled, collected, used and disclosed the patient's personal and sensitive information provided with this form in accordance with privacy law.

I understand that AIA Australia may be entitled or required to provide access or a copy of my report to the patient, the patient's representatives, a conciliator, mediator, tribunal or court, or to medical specialists and other third parties, under privacy law and the AIA Australia Group Privacy Policy, and authorise AIA Australia to do so.

Name (please print)	<input type="text"/>	Qualification(s)	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>		
E-mail	<input type="text"/>		
Telephone	<input type="text"/>	Facsimile	<input type="text"/>