

I hereby:

- declare the information in this claim form is true, correct and complete in every particular way to the best of my knowledge and I have not withheld any material facts; and
- understand and agree that if I make any false or fraudulent statements, or fail to advise my superannuation fund or AIA Australia of any relevant information or material facts regarding my claim, this may have an adverse effect on my claim and my superannuation fund or AIA Australia may refuse to pay benefits and proceed to cancel my claim and/or my insurance cover; and
- declare I have read and understood HESTA's Privacy Policy available online at their website and I consent to the collection, use and disclosure of my personal and sensitive information in the manner described in that Privacy Policy; and
- confirm my consent for my superannuation fund or AIA Australia, or its representatives to use my personal and sensitive information (whether received by my superannuation fund or AIA Australia, from me or a third party) to investigate, assess and manage my claim and to disclose that information to medical, or health professionals and institutions including:
 - a) other insurers (including workers' compensation insurers)
 - b) other superannuation funds
 - c) investigators
 - d) AIA Australia's service providers
 - e) statutory bodies including law enforcement agencies
 - f) insurance or credit reference agencies
 - g) financial institutions
 - h) such other third parties as is necessary for that purpose, and
 - i) medical and health providers, including the ambulance service; and
- authorise any individual, organisation or entity within any of the above categories (a to i) and/or any
 - j) adviser/broker
 - k) accountant
 - l) institution
 - m) professional association/board
 - n) business entity
 - o) company

that holds my personal, health, and sensitive information to release that information to my superannuation fund or AIA Australia on request, for the purpose of investigating, assessing and managing my claim; and

- authorise any medical practitioner, medical provider, health professional, hospital, workers' compensation organisation, dentist or other person who has attended me, to release to my superannuation fund or AIA Australia or its representatives all information with respect to any sickness/illness or injury, medical history, consultations, prescriptions, treatment, or medical tests and test results and copies, including hospital or medical records; and
- authorise any previous and my current employer (if applicable) to provide my superannuation fund or AIA Australia with details of my employment and pay history; and
- agree that a copy of this authorisation shall be considered as effective and valid as the original.

Claimant to sign here

X

Date (dd/mm/yyyy)

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AIA Australia is committed to respecting the privacy of personal information you give us. AIA Australia's formal Privacy Policy sets out how we do this.

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.