

# Claims Consent Form



COVER LIKE NO OTHER

Please complete, sign and return to **Police Health**  
PO Box Reply Paid 6111 Halifax Street Adelaide SA 5000 - enquiries@policehealth.com.au

## 1 Claims Consent

A contributor (for all persons covered) or a spouse/partner (for self and dependents covered) can authorise an individual not covered by this membership to have Claims Consent.

### What can a person with Claims Consent do?

A person with Claims Consent has the authority to:

- Submit a claim on behalf of a person covered by this membership by completing a Claim Form
- Provide bank account details for the payment of benefits to be paid into\*
- Receive claims correspondence

\*Where an insured person 14 years and over has provided us with separate direct credit details, benefits will be paid into their account.

## 2 Your Details

MEMBERSHIP NUMBER

Surname		Given Names	
Postal Address		Postcode	
Telephone:	Home	Work	Mobile
Email			DOB

## 3 Claims Consent Details

### I grant consent to:

Surname		Given Names	
Postal Address		Postcode	
Telephone:	Home	Work	Mobile
Email			DOB

### This claims consent applies to:

Full Name	DOB
Full Name	DOB
Full Name	DOB
Full Name	DOB
Full Name	DOB

### This claims consent will remain in place until:

I contact Police Health to revoke this authority

For a specified period: Date from:  Date to:

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## 4 Declaration - Please ensure this section is completed

I declare that I am authorised to grant Claims Consent on behalf of all persons indicated above and I have obtained the nominated persons' consent to give you their personal information. I have advised the person I have nominated them and what information I have provided to you. I acknowledge that I remain responsible for my membership and for the actions of the person with Claims Consent, that authorisation indicated above is given at my own risk and that I will have no recourse against Police Health for any acts of omissions by the authorised person. This authority will remain in place until I contact Police Health to revoke it for the period of time I have specified above.

Print Name

Signed

Date

## 5 Privacy Notice

In this Privacy Notice, reference to "we", "us" or "our" is reference to Police Health Limited (ABN 86 135 221 519), the registered not for profit, restricted access private health insurer, including the brands Police Health and Emergency Services Health. Reference to "you" or "your" is reference to a customer or a person insured under a private health insurance policy.

Like all health insurers, we are required to collect personal information.

We respect your privacy and treat this information confidentially and store it securely.

Personal information is collected and managed by us in accordance with our Privacy Policy (available at [www.policehealth.com.au](http://www.policehealth.com.au)) and the Australian Privacy Principles. You should read and be familiar with the Privacy Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Notice contains a summary of some important issues, but the Privacy Policy has more detail.

We will collect personal information from you, a responsible person, or a third party, either directly or indirectly, when:

- You apply for membership with us to purchase a health insurance policy, and if accepted, you are the policy holder (Contributor) of the policy.
- You are a dependent (spouse or child) of a Contributor and the Contributor holds or has applied to purchase a health insurance policy which covers you.
- A claim for benefit is made on your health insurance or when dealing with us through one of our communication channels.

Personal information collected includes names, addresses, ages, bank account details, telephone numbers, email addresses and sensitive (health) information.

You should be aware that once you have been accepted by us and you are insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It is necessary for us to collect your personal information when you or a responsible person on your behalf interact with us, especially when making a claim for health treatment either by post, facsimile, through electronic channels or through a third party such as a hospital, medical practitioner or other service provider who may claim directly from us on your behalf.

Collection and disclosure of your personal information is required by us, and is permitted under the Private Health Insurance Act 2007 and the Australian Privacy Principles. We collect personal information for the purposes described in the Privacy Policy and, in particular to manage the health insurance and health-related services we provide.

If we do not receive the necessary information or the information is not accurate or complete, then we will not be able to provide you with our services, including:

- Processing your application for a health insurance policy and insuring you or other people on the health insurance policy.
- Providing services associated with billing and claiming of benefits.
- Effectively dealing with your enquiries, issues or complaints.
- Providing you with other benefits and services in relation to your health insurance cover.

Personal information may also be used in advising you of direct marketing offers such as products or services provided by us, or in conjunction with other organisations, which we consider may be of interest to our members.

We may need to disclose personal information to other people insured under the same health insurance policy, government agencies, other health insurers, organisations or individuals with whom we contract for services, health service providers, financial institutions and your employer. We are not likely to disclose personal information to overseas recipients.

The Privacy Policy contains further information on how you may:

- Have reasonable access to and seek correction of your personal information;
- Complain to us about a breach of the Australian Privacy Principles and how we will deal with such a complaint.

Our contact details may be found on our forms, brochures and websites.

The policy holder (Contributor) or another insured person must only provide personal information relating to other people on the policy if authorised to do so.

It is important that all persons (currently insured, or who become insured, or considering joining us) are aware of and understand this Notice and our Privacy Policy. It is the responsibility of the policy holder (Contributor) to ensure that every other person covered under the policy is aware of this Notice and the Privacy Policy. Other people on the policy should be made aware that the policy holder (Contributor) receives and can view through our On-line Member Services (OMS) all information relating to their claims for benefits and hence the policy holder (Contributor) has access to their health information, unless an individual has requested their claims information be kept private in which case claims information will not be shown on OMS.

If any insured person aged 18 years or older wishes to ensure that their personal information is not disclosed to other people on the policy, they should purchase their own health insurance policy.

A copy of our Privacy Policy can be obtained from our website at [www.policehealth.com.au](http://www.policehealth.com.au) or by contacting our office. The Australian Privacy Principles, and information about privacy, are available from the website of the Office of the Australian Information Commissioner at [www.oiac.gov.au](http://www.oiac.gov.au).