



F18
09/15

Terminal illness information and claim form

What is a terminal illness claim?

A terminal illness claim is a payment made to you from your superannuation account if you are suffering from a terminal medical condition, subject to the relevant definitions. This may include an insurance component if you are eligible. The relevant definitions and conditions are outlined below.

Claiming your superannuation benefit

Commonwealth Superannuation Corporation (CSC) can approve the release of your superannuation account balance under the grounds of terminal illness if you are suffering from a terminal medical condition which is likely to result in your death within **24 months**.

In order to qualify for a release of your account balance, two registered medical practitioners (one being a specialist practising in an area related to the illness or injury) must certify that you are

suffering from an illness or incurred an injury that is likely to result in your death within **24 months** regardless of any treatment undertaken.

Claiming an Insurance benefit

For members with insurance cover attached to their account, a terminal illness benefit can pay up to 100% of your death benefit, up to a maximum of \$500,000, if you are diagnosed and considered by the insurer to be terminally ill. Where the insured amount is greater than \$500,000, the remaining balance is payable on death and/or TPD.

Under the insurance policy definition, a terminal illness benefit is payable if you have been certified by two registered medical practitioners as suffering from an illness or incurred an injury that is likely to result in your death within **12 months** regardless of any treatment undertaken. One of the certifying registered medical practitioners must be a specialist practicing in the area of your injury or illness.



Important: Eligibility to seek a withdrawal from your superannuation account balance is different to eligibility to claim a terminal illness insurance benefit held through PSSap. The inconsistency in the timing of your eligibility for each of these may have significant implications which you need to carefully consider.

Your insurance cover may cease and you will no longer be able to make an insurance claim if:

- > you withdraw your full superannuation benefit
- > you stop working for an eligible employer

or

- > your contributions to the PSSap cease, unless you are on approved leave without pay for 12 months or less.

If you are considering your options in the event of a terminal illness, please contact us on **1300 725 171**.

Your Government Super at Work

Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation or needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the PSSap Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397
Trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601

How do I apply for a terminal illness claim?

Members with no insurance:

To make a claim you will only need to complete **Part A, B and C** of this form and return it to us with 100 points of certified identification. If your application is approved we will make a payment to your nominated bank account.

Members with insurance:

If your life expectancy is 12 months or less

To make a claim you will need to complete all parts (**Part A, B, C and D**) of this form and return it to us with 100 points of certified identification. We will co-ordinate the assessment of your claim with the insurer and, if approved by the insurer, we will credit the insurance payment to your PSSap account. Following approval of the release of your account balance by CSC, we will make a lump sum payment to your nominated bank account.

If your life expectancy is between 12 and 24 months

To make a claim you will need to complete **Part A, B, and C** of this form and return it to us with 100 points of certified identification. If your application is approved by CSC, we can release your account balance to you, however, you will **NOT** be able to claim your insurance benefits immediately. If you wish to retain your insurance cover to make a claim for a terminal illness insurance benefit, you will need to leave at least \$1,000 in your account and remain employed (including on approved leave without pay).

Upon becoming eligible for terminal illness benefits under the insurance policy, you will need to complete all parts (**Part A, B, C and D**) of the **Terminal illness claim** form and return it to us with 100 points of certified identification. We will coordinate the insurance benefit on your behalf and make an additional tax-free payment to you.

How long does the assessment of a terminal illness benefit take?

We understand that this is a difficult time and as such terminal illness claims are given top priority. While each claim is different, once we have confirmation from two doctors, one being a specialist, that your life expectancy is less than 24 months (or 12 months for insurance claims), the claim process is actioned as quickly as possible.

What we will do:

Step 1: We will contact you to confirm receipt of your application form and answer any questions you have on the process.

Step 2: If you are claiming the insurance component of your benefit, we will forward your insurance claim to our insurer. Details of the insurance process are outlined below:

If you are making an insurance claim:

- i. We will verify that you have insurance cover and your premiums are up to date. We will contact your employer to confirm your pay and leave history, and then forward your claim to our insurer for assessment.
- ii. During the assessment, the insurer will only be able to consider your claim if the registered medical practitioners' both certify that an injury or illness is likely to result in death within a period of not more than 12 months, regardless of any treatment undertaken. The insurer may request further information from you.
- iii. The insurer will make a decision to either accept or decline your claim. We will advise you of this decision and if the claim is accepted, the insurance benefit will be paid into your PSSap account and form part of your overall superannuation benefit. Your superannuation benefit will be assessed in line with **Step 3** and **4** below. If the decision is declined, CSC will review this decision.

Step 3: CSC will make an assessment, based on the evidence provided, that you qualify for a release of your account balance. To qualify, two registered medical practitioners (one being a specialist practising in an area related to the illness or injury) must have certified that you are suffering from an illness or injury that is likely to result in your death within 24 months, regardless of any treatment undertaken.

Step 4: If the release of your account balance is approved, we will pay your superannuation benefit, in accordance with your payment instructions.

If CSC does not consider that you qualify for a release of your account balance we will advise you of this decision. You will have the opportunity to provide further information.

How will my benefit be paid?

If you have insurance attached to your account and your claim is successful our insurer will pay the insurance amount to PSSap and this will form part of your total superannuation account balance.

Upon approval of the release of your superannuation account balance, we will make a payment to you directly in accordance with your payment instructions.

Will my benefit be taxed?

Terminal illness benefits are tax-free.

If you access your benefit under a different condition of release there may be different tax implications depending on how you take your benefit. We recommend you seek financial advice.

How can I ensure that I retain my insurance cover if my life expectancy is greater than 12 months?

To ensure that you remain covered for any insurance benefits and continue to be eligible to make a claim when your life expectancy is less than 12 months you must remain employed by a participating PSSap employer by either:

- > remaining on paid sick leave with your employer
- > remaining on unpaid leave with your employer (please note superannuation contributions may still be payable to your PSSap account even if you are on leave without pay)
- > continuing to work for your employer
- > if changing employment, remaining with a PSSap participating employer.

You must also ensure you retain an initial minimum balance of \$1,000 to ensure you have enough money in your PSSap account to pay your insurance premiums and any other fees associated with your account. If you are still employed but do not receive contributions into your PSSap account, you may need to make an additional contribution to ensure your insurance premiums continue to be paid. We will let you know if this situation occurs.

Can I nominate someone to act on my behalf?

You may also wish to consider nominating someone to act on your behalf to assist you in completing the terminal illness claim. This may be a financial advisor or accountant, or could be a family member or friend. You will need to confirm this in writing and can do so by completing a **Third Party Authority** form.

Are there any costs associated with making a terminal illness claim?

You will need to pay the costs of obtaining the medical reports required to make your claim. You will also be charged an exit fee for each withdrawal made from PSSap.

What happens if I die before my terminal illness claim is completed?

If this occurs, your terminal illness claim will not proceed and your PSSap benefit will be assessed as a death claim. Separate forms and information will need to be submitted by your beneficiaries and/or dependants.

If you have not already done so, you may wish to consider making a binding nomination on your PSSap account, which will give you peace of mind that your superannuation benefit will be paid to the person nominated by you. Subject to the binding nomination being valid, CSC will be bound to pay your superannuation benefit as you have specified. In the absence of a binding nomination CSC will make the decision about who receives your superannuation benefit and how to divide the benefit. You should refer to the **PSSap Beneficiary nomination** factsheet for further information, and use the **PSSap Beneficiary nomination** form if you wish to make a binding nomination.

Is there anything else I should consider?

PSSap offers members Death and TPD insurance, which covers terminal illness claims, as well as income protection insurance.

If you have income protection insurance and have been unable to work due to sickness or injury, you may be able to make a claim for income protection as well as a terminal illness claim.

Depending on your circumstances, if you are not yet eligible for a terminal illness claim you may be eligible to make a TPD claim. You should be aware that to qualify for a TPD benefit, you will need to satisfy a different policy definition, and depending on how this is accessed from PSSap, there may be different tax implications.

Death benefits payable by PSSap may include an anti-detriment payment which is effectively a refund of contributions tax. An anti-detriment payment is not applicable for the payment of a terminal illness benefit. This means that if your benefit is paid as a death benefit, it may be higher than a terminal illness benefit. An anti-detriment payment is only available in limited circumstances.

Further information about anti-detriment payments can be obtained from ato.gov.au. We recommend that you refer to the **PSSap Product Disclosure Statement (PDS)** and seek financial advice before making any decisions.

Where can I get further assistance?

If you are considering your options, or would like assistance completing your application, please do not hesitate to contact us on **1300 725 171**, or by email at members@pssap.com.au

You can confirm details of your insurance cover on **Member Online** at pssap.gov.au or by contacting us.

If you would like to obtain financial advice, PSSap members have access to financial advice through Industry Fund Services (IFS). The IFS planners receive training specific to PSSap and are experts in the scheme. It is 'fee for service' advice, which means you receive a fixed quote upfront.

To arrange an initial appointment please call **1300 277 777** during business hours.

Your privacy is important to us

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with our privacy policies and notice for the purpose of managing your super. This includes the administration of your account and insurance cover. Your information will be passed on to our insurer, AIA Australia, they may collect, use and disclose your personal information for the purposes outlined in its Privacy Policy, including making it available to medical practitioners to establish your insurance coverage or if you lodge a claim. The privacy policies and notice are available via pssap.gov.au and aia.com.au or by contacting us on **1300 725 171**. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.



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Terminal illness claim form

All members must complete **Part A, B, and C** of the **Terminal illness claim form**, and return it to us with 100 points of certified identification.

If your life expectancy is 12 months or less, and you are claiming insurance benefit, you will also need to complete **Part D** of this form.

PART A

Benefit application

SECTION A

Provide your personal details

PSSap membership no.
/Member Client Identifier

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Surname

Given name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

Address

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

Phone

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email

@

Your Government Super at Work

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SECTION B Payment instructions

Please note: If you are continuing employment, including on leave without pay, you will need to ensure you leave at least \$1,000 in your account for it to remain open to receive your superannuation contributions and continue to pay insurance premiums (if applicable). Not doing so may result in your insurance cover lapsing prior to becoming eligible for insurance benefits.

Please select one option: ☐ I want to withdraw my entire account balance

☐ I want to withdraw part of my account balance

Please note: that this amount must leave a balance of \$1,000 remaining in your account.

☐ I want to withdraw \$ from my account

☐ I want to leave \$1,000 after my withdrawal, inclusive of fees, in my account and have the remaining balance paid to me.

Payment arrangements

Type of financial institution

☐ Savings bank ☐ Building society ☐ Trading bank ☐ Credit union

Name of institution

[illegible]

Name of account holder

[illegible]

Branch location

[illegible]

Branch (BSB) number

--	--	--

-

--	--	--

Account number

--	--	--	--	--	--	--	--	--

SECTION C Identification requirements

To guard against fraud, money laundering, terrorism financing and to protect your benefit, we require you to provide us with enough identification to verify your identity before your benefit request can be processed.

To do this, you will need to complete a '100 point check' and provide certified copies of documents listed below. You may use a combination of these documents to reach 100 points. Fax copies are unacceptable.

If your current name is different from the name on your documents you will need to include a Change of Name Certificate.

Primary documents (70 points)

Provide ONE of the following documents:

- > Birth certificate.
- > Australian Citizenship certificate.
- > International travel document:
 - > a current passport
 - > an expired passport which has not been cancelled and was current within the preceding two years
 - > another document of identity having the same characteristics as a passport (eg this may include some diplomatic documents and some documents issued to refugees).

Note: You do not accumulate additional points for more than one document from this category.

Section C continued on next page

Secondary documents (40 points)

Provide ONE of the following documents containing your photograph and/or signature:

- > An Australian driver's license or another licence or permit issued under a law of the Commonwealth, a State or Territory.
- > An identification card issued to a public employee.
- > An identification card issued by the Commonwealth, a State or Territory as evidence of your entitlement to a financial benefit.
- > A student ID issued by a tertiary education institution.

Note: Additional documents from this category can be awarded 25 points.

Tertiary documents (25 points)

Provide an identification document, eg marriage certificate (for maiden name only), credit card, council rates notice, telephone account, foreign driver's licence, Medicare card, etc.

Note: More than one document may be counted, but points from a particular source may be counted only once, eg if a MasterCard and Visa card are issued from the same financial institution, only one may be counted.

Example

You could provide a copy of your birth certificate (a primary document) and a copy of your state driver's license (a secondary document).

You could also provide a copy of your current passport (a primary document), a copy of your credit card (a tertiary document) and a copy of your telephone bill (another tertiary document).

Certifying your documents

The certifying authority must confirm in writing that you are the valid holder of the identification that you are presenting and that any copies are true copies of the original.

The following people can certify your documents:

- > a legal practitioner enrolled on the roll of a supreme court or the high court of Australia
- > a judge or magistrate of a court
- > a chief executive officer of a Commonwealth court
- > a registrar or deputy registrar of a court
- > a notary public
- > a police officer
- > a Justice of the Peace (JP)
- > an Australian consular officer or an Australian diplomatic officer
- > an agent or permanent employee of the Australian Postal Corporation in an office supplying postal services to the public
- > a finance company officer with five or more years of continuous service with one or more Finance Companies
- > a person employed by or an authorised representative of the holder of a financial services licence with five or more continuous years of service
- > a member of the Institute of Chartered Accountants (ICA), Certified Practising Accountants (CPA of Australia) or National Institute of Chartered Accountants (NIA) with two or more years of continuous membership.

For a full list of certifying authorities, visit the Comlaw website at comlaw.gov.au

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

SECTION D Checklist

- ☐ I have attached a 100 points of certification.
- ☐ I have attached **Part B Medical attendant’s statements** completed by my usual doctor.
- ☐ I have attached **Part C Medical attendant’s statements** completed by a specialist in my injury/illness.
- ☐ I have provided any other information that was requested that may assist my claim.
- ☐ I have read and understood the information contained in this form and sought additional information if required.

For members with a life expectancy of less than 12 months and who are also claiming insurance benefit:

- ☐ I have completed **Part D Supplementary medical information**.
- ☐ I have read the **AIA Privacy Policy** available at **pssap.gov.au** and **aia.com.au**

SECTION E Declare and consent

I declare that:

- > the information in this claim form is true, correct and complete
- > I have read the **PSSap PDS**, and this application is made subject to the terms and conditions of that information
- > I am aware and understand that if my life expectancy is greater than 12 months I will not be able to access my insurance until my life expectancy is less than 12 months, and I will need to remain employed by a participating PSSap employer (including being on leave without pay), and continue paying my insurance premiums, or my insurance cover may cease prior to becoming eligible for a terminal illness benefit
- > I understand and agree that if I make any false or fraudulent statements, or fail to advise the insurer or CSC, of any relevant information regarding my claim, the insurer and/or CSC may refuse to pay benefits and proceed to cancel my claim and/or my insurance cover
- > I have received enough information to make an informed decision regarding the payment of my terminal illness benefit
- > I acknowledge that it is recommended that I seek personal financial advice
- > I am aware and agree that CSC and its administrators and insurer will have records of my personal information and consent to the use of my information in accordance with the **Privacy Policy** of those entities available at **csc.gov.au** and **aia.com.au**
- > I am aware and agree that to progress or finalise my claim, CSC and its administrator and insurer may request further information relating to this claim and consent to those entities contacting me and/or my medical attendants.

SIGNATURE

Date signed

D

D

/

M

M

/

Y

Y

Y

Y

END FORM

PART B

Medical attendants statement to be completed by your usual doctor

SECTION A

Terminal illness benefit

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

Patient's name

Address

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

Date of birth

D

D

/

M

M

/

Y

Y

Y

Y

1. When did you first consult the patient in relation to their condition?

D

D

/

M

M

/

Y

Y

Y

Y

2. What was the diagnosis?

3. On what date was the condition diagnosed?

D

D

/

M

M

/

Y

Y

Y

Y

4. What is the current status of the condition?

5. What treatment has been undertaken to date?

6. What treatment is planned for the future?

7. What is the patient's life expectancy?

 months

8. Please provide the results and copies of all tests or investigations (eg histopathology, MRI, CT scan, x-rays etc).

Section A continued on next page

Name																				
Specialty																				
Address																				
	SUBURB												STATE				POSTCODE			
Phone	BUSINESS HOURS										MOBILE NUMBER									

[illegible]

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

I declare 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 agree that PSSap or its insurer, may provide copies of this statement to any medical specialist from whom they seek an independent report, or to any other person deemed necessary to assist in the assessment of this claim
- > I understand that PSSap may be required to submit a copy of my report to the patient for comment or to a mediator, solicitor, complaints, resolution tribunal, court or to any other person necessary for determination of the claim
- > I further understand that the patient may access a copy of my report from the insurer under Government privacy legislation.

Name	<input type="text"/>
Qualifications	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<div>SUBURB</div> <input type="text"/> <div>STATE</div> <input type="text"/> <div>POSTCODE</div> <input type="text"/>
Phone	<div>BUSINESS HOURS</div> <input type="text"/> <div>MOBILE NUMBER</div> <input type="text"/>
Email	<input type="text"/>

Signature and date

SIGNATURE

Date signed

D	D		M	M		Y	Y	Y	Y
		/			/				

PART C

Medical attendants statement to be completed by a treating specialist

SECTION A

Terminal illness benefit

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

Patient's name

Address

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

Date of birth

D

D

/

M

M

/

Y

Y

Y

Y

1. When did you first consult the patient in relation to their condition?

D

D

/

M

M

/

Y

Y

Y

Y

2. What was the diagnosis?

3. On what date was the condition diagnosed?

D

D

/

M

M

/

Y

Y

Y

Y

4. What is the current status of the condition?

5. What treatment has been undertaken to date?

6. What treatment is planned for the future?

7. What is the patient's life expectancy?

months

8. Please provide the results and copies of all tests or investigations (eg histopathology, MRI, CT scan, x-rays etc).

Section A continued on next page

9. Please provide the name and address of other doctors or medical providers the patient has been referred to for this condition:

Name	<input type="text"/>																									
Specialty	<input type="text"/>																									
Address	<input type="text"/>																									
	SUBURB													STATE				POSTCODE								
	<input type="text"/>													<input type="text"/>				<input type="text"/>								
Phone	BUSINESS HOURS														MOBILE NUMBER											
	<input type="text"/>				<input type="text"/>										<input type="text"/>				<input type="text"/>							
Name	<input type="text"/>																									
Specialty	<input type="text"/>																									
Address	<input type="text"/>																									
	SUBURB													STATE				POSTCODE								
	<input type="text"/>													<input type="text"/>				<input type="text"/>								
Phone	BUSINESS HOURS														MOBILE NUMBER											
	<input type="text"/>				<input type="text"/>										<input type="text"/>				<input type="text"/>							

SECTION B Additional information

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

SECTION C Declaration

I declare 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 agree that PSSap or its insurer, may provide copies of this statement to any medical specialist from whom they seek an independent report, or to any other person deemed necessary to assist in the assessment of this claim
- > I understand that PSSap or its insurer may be required to submit a copy of my report to the patient for comment or to a mediator, solicitor, complaints, resolution tribunal, court or to any other person necessary for determination of the claim
- > I further understand that the patient may access a copy of my report from PSSap or its insurer under Government privacy legislation.

Name	<input type="text"/>																									
Qualifications	<input type="text"/>																									
Address	<input type="text"/>																									
	SUBURB													STATE				POSTCODE								
	<input type="text"/>													<input type="text"/>				<input type="text"/>								
Phone	BUSINESS HOURS														MOBILE NUMBER											
	<input type="text"/>				<input type="text"/>										<input type="text"/>				<input type="text"/>							
Email	<input type="text"/>																									
	<input type="text"/>																									
Signature and date	SIGNATURE													Date signed												
	<input type="text"/>													<input type="text"/>												

END FORM

PART D Supplementary medical information

SECTION A Medical information

Please complete this section if your life expectancy is less than 12 months and you are claiming an insurance benefit.

[illegible]

D	D		M	M		Y	Y	Y	Y
		/			/				

1. a) Please describe the exact nature of your condition. (Please attach copies of any specialist's reports you may have or are able to obtain from your usual doctor or medical provider. If your condition is 'cancer', please attach a copy of the histopathology report.)

- b) Please advise the treatment you have received for your condition.

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- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

- [illegible]

- [illegible]

- | | | | | | | | |
|----------------|--|--|--|---------------|--|--|--|
| BUSINESS HOURS | | | | MOBILE NUMBER | | | |
| | | | | | | | |

- [illegible]

- [illegible]

- | | | | | | | | |
|----------------|--|--|--|---------------|--|--|--|
| BUSINESS HOURS | | | | MOBILE NUMBER | | | |
| | | | | | | | |

Section A continued on next page

4. Please advise the name, address and telephone details of **any other** doctors or medical providers who have treated you for your condition.

Name of medical provider	<input type="text"/>																							
Field of practice (eg oncologist, cardiologist etc)	<input type="text"/>																							
Address	<input type="text"/>																							
	SUBURB												STATE				POSTCODE							
	<input type="text"/>												<input type="text"/>				<input type="text"/>							
Phone	BUSINESS HOURS				MOBILE NUMBER																			
	<input type="text"/>				<input type="text"/>								<input type="text"/>				<input type="text"/>							
Name of medical provider	<input type="text"/>																							
Field of practice (eg oncologist, cardiologist etc)	<input type="text"/>																							
Address	<input type="text"/>																							
	SUBURB												STATE				POSTCODE							
	<input type="text"/>												<input type="text"/>				<input type="text"/>							
Phone	BUSINESS HOURS				MOBILE NUMBER																			
	<input type="text"/>				<input type="text"/>								<input type="text"/>				<input type="text"/>							

SECTION B 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 PSSap or its insurer, of any relevant information regarding my claim, they may refuse to pay benefits and proceed to cancel my claim and/or my insurance cover
- > I have read and understood the **Privacy Policy** available on the PSSap and AIA websites and I consent to the collection, use and disclosure of my personal and sensitive information in the manner described in that **Privacy Policy**.
- > I confirm my consent for PSSap or its insurer, or its representatives, to use my personal and sensitive information to investigate, assess and manage my claim, and to disclose that information to medical, or health professionals and institutions, and:
 - a) other insurers (including Workers Compensation insurers)
 - b) investigators
 - c) the ambulance service
 - d) PSSap or its insurers' 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.

Authority to obtain information

I declare that:

- > any individual, organisation or entity within any of the above categories (a to h) that holds my personal and sensitive information to release that information to PSSap or its insurer on request, for the purpose of investigating, assessing and managing my claim
- > any medical practitioner, medical provider, health professional, hospital, dentist or other person who has attended me, to release to the insurer or its representatives all information with respect to any sickness or injury, medical history, consultations, prescriptions, or treatment and copies of all hospital or medical records
- > any previous and my current employer to provide PSSap or its insurer with details of my employment and pay history
- > **I agree a copy of this authorisation shall be considered as effective and valid as the original.**

Name	<input type="text"/>																							
Member's signature	SIGNATURE												Date signed											
	<input type="text"/>												D D / M M / Y Y Y Y				<input type="text"/>							

END FORM