

# Claims Consent Form

Police Health Limited ABN 86 135 221 519. A registered, not-for-profit, restricted access private health insurer.  
Call 1800 603 603 Visit [policehealth.com.au](http://policehealth.com.au) Reply Paid 6111, ADELAIDE SA 5000 Email [enquiries@policehealth.com.au](mailto:enquiries@policehealth.com.au)



## 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.

## YOUR DETAILS

MEMBERSHIP NUMBER

Surname		Given Name/s	
Postal Address		Postcode	
Telephone: Home	Work	Mobile	
Email		DOB	

## I GRANT CLAIMS CONSENT TO:

Surname		Given Name/s	
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: FROM  /  /  TO  /  /

## DECLARATION

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 / /

## PRIVACY NOTICE

Like all health insurers, Police Health is required to collect personal information. We respect your privacy, treat this information confidentially and store it securely. We collect and manage personal information in accordance with the Police Health Privacy Policy and the Australian Privacy Principles. You should read and be familiar with the Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Privacy Notice contains a summary of some important issues, but the Policy has more detail. Police Health will collect personal information from you, a responsible person, or a third party, either directly or indirectly, when:

- You apply for membership with Police Health to purchase a health insurance policy, and if accepted, you're the policy holder (Contributor) of the policy.
- You're a dependent (spouse, partner or child) under a health insurance policy and the policy holder (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 Police Health through one of its communication channels.

Personal information collected includes names, addresses, age, bank account details, telephone numbers, email addresses and sensitive (health) information. Once we've accepted you, and you're insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It's 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 by us is required, and, depending on the information, is also required under the Private Health Insurance Act 2007 and Private Health Insurance (Prudential Supervision) Act 2015. We collect personal information for the purposes described in the Privacy Policy and, in particular to manage the health insurance and health-related services it provides.

If we do not receive the necessary information or the information is not accurate or complete, then we won't 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 or in conjunction with Police Health, 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 Privacy Policy and how we will deal with such a complaint. Our contact details can be found on the front of this Application Form.

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's important that all persons (currently insured, or who become insured, or consider joining Police Health) 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, and where the policy holder (Contributor) has supplied an email address, remittance notices will be sent to that email address, unless an individual has requested their claims information be kept private in which case their claims information will not be shown on OMS or electronic remittance notices sent to the nominated email address. 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 Police Health's Privacy Policy can be obtained from our website [www.policehealth.com.au](http://www.policehealth.com.au) or by contacting our office.