



Authority to release information

Section A – Privacy of your personal information

Our privacy policy contains information on how we collect, use and disclose your personal information (including disclosure to overseas recipients). Visit aia.com.au/privacy for a copy.

Section B – Authorisation and consent

I, ,
authorise and consent to AIA Australia and its authorised representatives seeking information from:

- my private health insurer or other insurers,
- my past and present employers,
- my accountant or financial institution and,
- any relevant government bodies.

I authorise the release to AIA Australia or its authorised representatives, all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatments, and copies of all hospital or medical records, employment records and financial records relevant to my insurance cover or claim.

I have read and understood the “Privacy of your personal information” and I acknowledge and consent to the collection, use and disclosure of my personal information as outlined in that section.

I agree that a photocopy or an electronically transmitted image of this authorisation shall be considered as effective and valid as the original signed authorisation.

Full name of Insured (please print)

Date of birth

Insured's current residential address

<input type="text"/>		
<input type="text"/>		<input type="text"/>
	State	Postcode

Signature of Insured

Date

Please return completed form to: AIA Australia Wholesale Life Claims PO Box 322 SILVERWATER NSW 2128