

Health information consent agreement



Fire & Emergency Services
Superannuation Fund

Collection, use and disclosure of health information.

If you have been requested to provide health information to the Fund, you need to read and complete this form. The primary purpose for collecting health information about you is:

- (a) if you are being assessed for higher insurance cover under the Fund - to assess your eligibility for higher insurance cover; or
- (b) if you are applying for, or have applied for, disablement benefits from the Fund – to assess your eligibility for disablement benefits from the Fund and the amount of any benefit payable.

In order to assess your eligibility for insurance cover or disablement benefits from the Fund (whichever is applicable in your case), the Fund may need to collect personal and health information directly from you as well as other parties such as your employer, the Fund's insurer, medical assessors and practitioners, and in some instances, other organisations that may hold relevant information about you (eg workers compensation records).

In undertaking the assessment, the Fund may also need to disclose personal and health information to various parties involved in the assessment process such as the Fund's administrator, Fund secretary, Fund insurer, medical assessors and practitioners. In the event of a dispute, the Fund may also need to disclose personal and health information to parties such as legal advisers and the Australian Financial Complaints Authority (AFCA) or court if applicable.

The Fund recognises and values your right to privacy, and consequently, will only collect, use and disclose personal and health information about you to the extent that it is necessary to assess your eligibility for insurance cover or disability benefits (whichever is applicable in your case). The Fund will not use the health information collected for any other purpose without your consent, unless it is permitted or required by law.

On request, you can access your personal information held by the Fund. In certain circumstances, access may be restricted or denied (if this is allowable under legislation), and reasons will be provided in these circumstances.

Consequences of not providing consent.

Privacy legislation requires the Fund to obtain your explicit consent to the collection of health information for the purpose of assessing your eligibility for insurance cover or disability benefits (whichever is applicable). If you do not provide your consent (by signing and returning this form), the Fund will be unable to process your application for insurance cover and/or disability benefits and your application may then be denied.



Declaration & Consent

Having read and understood the above, I, the undersigned, declare the following:

- I consent and hereby authorise the collection of all relevant personal and health information held by third party organisations such as my employer, any medical assessors and practitioners, the Fund's insurer, and any other organisation holding information relevant to the assessment of my eligibility for insurance cover and/or disability benefits from the Fund (whichever is indicated below).
- I understand that some of my personal and health information will need to be disclosed to other parties involved in the assessment process and hereby give consent for this information to be disclosed to those parties involved in this process to the extent that this is necessary, such as the Fund's administrator, Fund secretary, Fund insurer, medical assessors and practitioners, and in the event of a dispute, legal advisers and the Australian Financial Complaints Authority (AFCA) or court if required.

Please indicate below the purpose for which you are providing the information requested.

(tick whichever is applicable)

- I am providing health information for the purpose of obtaining insurance cover.
- I am claiming a disability benefit from the Fund and provide health information for the purpose of assessing my claim.

Full Name _____ Date of Birth _____

Home Address _____

_____ Post Code _____

Postal address _____ Post Code _____

Contact number (h) _____ (w) _____ (m) _____

Preferred email address _____

Signature _____ Date _____

Return completed form to:

Fire & Emergency Services Superannuation Board,
PO Box 513, SUBIACO WA 6904