

## Trauma Insurance Claim Form

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### Privacy - Use and disclosure of personal information

#### Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife, and to manage your claim. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

### Claim form instructions

We want to make the claims process as easy as possible. Please complete all the sections of the form.

Section 1 - Personal details

Section 2 - Trauma details

Section 3 - Declaration and authority

Section 4 - Medical statement

Please note that issuing this claim form is not an admission of liability.

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## Section 1. Personal details

### Claim form relating to

Plan name

Policy/member number

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### Claimant details

Title

Given name(s)

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Surname

Date of birth (dd/mm/yyyy)

---

Address

Suburb

State

Postcode

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Phone no. (H)

Phone no. (W)

Mobile no.

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Email

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## Section 2. Trauma details

1. What is the condition for which you are lodging this claim?

Cancer

Benign brain tumour

Heart attack

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Major head trauma

Stroke

Alzheimer's disease

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Dementia

Motor neurone disease

Multiple sclerosis

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Muscular dystrophy

Parkinson's disease

Coronary artery bypass surgery

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Open heart surgery

Organ transplant

Permanent loss of an entire hand or foot

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Permanent loss of use of a limb (paralysis)

Third degree burns

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Other (please specify)

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2. When did you experience symptoms arising out of the above condition (dd/mm/yyyy)?

/ /

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3. When did you first seek medical advice/treatment for this condition (dd/mm/yyyy)?

/ /

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4. Have you ever suffered from the same or a similar condition before?

Yes  No

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Provide details.

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**Section 2. Trauma details (continued)**

5. Provide the name and address of your usual medical practitioner.

Name	Address and phone number	Date last seen
		/ /
		/ /
		/ /

6. Provide the name and address of any other medical practitioners treating you for this condition (Attach a separate list if insufficient space).

Name	Address and phone number	Specialty	Date(s) consulted

7. Other than listed in question 6, are you required to attend any surgery, hospital, clinic or other facility for continuing treatment? Provide details (attach a separate list if insufficient space). Provide the name and address of your usual medical practitioner.

Yes  No

Name	Address and phone number	Next appointment date
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

Attach a copy of any medical reports or test results you may have in your possession.



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### Section 3. Declaration and authority

I declare that the answers and statements made on this claim form are true and complete. I have not made any false or misleading statements and have included all information relevant to the assessment of my claim.

Where I have completed this declaration and authority as the Guardian/Attorney, I have attached a certified copy of the relevant legal documents (eg. Power of Attorney).

If any of the answers are not in my handwriting, I certify that I have checked them and they are correct.

I, hereby authorise MetLife Insurance Limited (MetLife), or any person duly authorised by MetLife to disclose my personal information (which may include sensitive or health information) to the following nominated parties. I further consent to the nominated parties collecting information about me and releasing to MetLife any information they may hold about me (including their report) which relates to MetLife's administration of the policy/plan, including this claim; and

I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.

- Any medical practitioner, hospital or any other healthcare provider who has attended or examined me in order for them to supply MetLife with full particulars of my medical history including copies of all referral letters/medical or hospital records, reports and details of any clinical notes that have been made.
- Any claims assessor, investigator, medical professional, healthcare provider, insurance reference service, credit reference service, financial institution, legal or accounting firm, auditor, employer, consultant or reinsurer in order for the nominated party to produce a report concerning my claim.
- Any benefit provider such as other insurers or Government departments (including Workers' Compensation or Centrelink) that provide benefits in the event of my illness and/or injury. I authorise for the nominated party to supply MetLife with full particulars of any and all claims I have made for benefits in the event of my illness and/or injury including copies of evidence they hold.

I understand that this information is required to enable MetLife to assess and manage my claim in accordance with the Terms and Conditions of my policy.

I understand and agree that if I do not give the information requested by MetLife or its representative, MetLife may not be able to assess, investigate or pay my claim.

A photocopy of this authority is as valid as the original.

Signature

Date (dd/mm/yyyy)



Name (please print)

## Section 4. Medical statement

### Privacy Information

The personal information you provide in the form is necessary for MetLife to provide your patient with the products and services they have requested from MetLife, and to manage their claim. You do not have to provide MetLife with this personal information, but if you do not do so MetLife may not be able to provide your patient with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

To be completed by a registered medical practitioner. The patient will incur any charge for this service.

### Patient details

Title	Given name(s)		
Surname		Date of birth (dd/mm/yyyy)	
Address	Suburb	State	Postcode
Occupation			

### Patient history

1. Are you the patient's usual medical practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you known the patient?	
2. When did the patient first consult you for the present condition (dd/mm/yyyy)?	/ /	
3. When did the present condition commence (dd/mm/yyyy)?	/ /	
4. Provide a summary of the patient's present condition including cause, symptoms and diagnosis.   		
5. Detail a history of this condition, including all dates of consultation (attach separate list if required).		
<b>Date of consultation</b>	<b>Symptoms</b>	<b>Diagnosis</b>
6. Does the patient have a prior medical history related to the present condition? Provide details including dates seen.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Details</b>	

## Section 4. Medical statement (continued)

7. Please provide details of other medical practitioners the patient has consulted for this condition.

Name	Address and phone number	Speciality	Date(s) consulted
			/ /
			/ /
			/ /

8. Have any of the patient's grandparents, parents or siblings been diagnosed, under the age of 50 years old, with any of the following:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Huntington's disease
<input type="checkbox"/> Familial polyposis	<input type="checkbox"/> Polycystic kidney disease	<input type="checkbox"/> Cancer
<input type="checkbox"/> Stroke	<input type="checkbox"/> Other (please specify)	

Provide details.

Relationship to claimant	Condition	Age of diagnosis (if known)

### Other information

Are you completing claim forms on behalf of this patient for any other company?

Yes  No

If Yes, provide details.

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### Additional comments

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## Section 4. Medical statement (continued)

### Your details

Title	Given name(s)			
Surname				
Address		Suburb	State	Postcode
Phone no.		Fax no.		
Email			Qualification	
Signature			Date (dd/mm/yyyy)	

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## Releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, MetLife, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

**Authority 1 explanatory notes** – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

**Authority 2 explanatory notes** – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

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## Information from other parties or MetLife

Supporting information from other entities, third parties or MetLife, includes any information held about you, including reports, that relates to MetLife's administration of the policy/plan, including your claim. This information is required to enable MetLife to assess and manage your claim in accordance with the Terms and Conditions of your policy/group life cover.

**Authority 3 explanatory notes** – through this authority, you are consenting to the parties listed in the authority releasing a copy of any information they may hold about you concerning your claim, for example:

- producing a report;
- supplying MetLife with full particulars of any and all claims you have made for benefits in the event of your sickness and/or injury including copies of evidence they hold; and
- releasing your correspondence with MetLife to your accountant, financial adviser/planner, fund trustee/fund administrator, in order for them to supply MetLife with the requested particulars.

Any information released to MetLife as a result of this authority will be used to assess and manage your claim(s) with MetLife, and we will tell you each time we use your consent.

If you choose to withhold your consent to this authority, we may not be able to process your application for a claim.

A photocopy of this authority is as valid as the original.

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## Authority 1 - to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **MetLife**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **MetLife** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **MetLife** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **MetLife** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature



Date (dd/mm/yyyy)

Full name (please print)

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## Authority 2 - to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **MetLife**, or to third parties they engage, only if **MetLife** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to the following:

- **MetLife** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **MetLife** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature



Date (dd/mm/yyyy)

Full name (please print)

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### Authority 3 - to release other information

I authorise the parties listed below to release to **MetLife** any information held about me (including their reports) which relates to the administration of my **MetLife** policy/plan, including this claim.

- Any claims assessor, investigator, insurance reference service, credit reference service, financial institution, legal or accounting firm, auditor, employer, consultant or reinsurer.
- Any benefit provider such as other insurers or Government Departments (including Workers' Compensation, Centrelink or similar benefit providers) that provide benefits in the event of my sickness and/or injury.
- My accountant, financial adviser/planner, fund trustee/fund administrator including but not limited to providing my accountant, financial adviser/planner, fund trustee/fund administrator with copies of all correspondence (which may include personal and sensitive information) between **MetLife** and myself in respect of the claim in order for the nominated party to supply **MetLife** with the requested particulars.

I agree to the following:

- My information can be released in the form **MetLife** asks for, such as a general report, correspondence, full particulars of any and all claims I have made for benefits in the event of my sickness and/or injury including copies of evidence they hold.
- My Financial Adviser/Fund Trustee/Fund Administrator can make enquires regarding the progress of the claim for the purpose of providing me with ongoing service.
- **MetLife** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **MetLife** is assessing my claim or is verifying disclosures I made in connection with the cover.
- Any information released to **MetLife** under this Authority, or any previous authorities I have signed, will be used in assessing my claim(s) with **MetLife**.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature

Date (dd/mm/yyyy)



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Full name (please print)

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#### Please return the completed form to

Claims Department, MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001  
or email [auservices@metlife.com](mailto:auservices@metlife.com)

For assistance with the completion of this form, please call us on 1300 555 625  
Monday to Friday 8am - 6pm AEST.

[metlife.com.au](http://metlife.com.au)

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