

# Authority Form

## How to nominate an Authorised Person

We understand that some Members may wish to have someone else act on their behalf when dealing with us. This form allows a Member to provide another person (Authorised Person) with authority to deal with Medibank Private on their behalf.

If you choose to do this you can be assured that we will take reasonable steps to protect your personal information from unauthorised access in accordance with the Privacy Act 1988 and as outlined in our Privacy Policy which is available at [medibank.com.au](http://medibank.com.au) or at a Retail Centre.

## To nominate an Authorised Person - In Person

Where it is possible for both the member and Authorised Person to attend a Medibank Private Retail Centre:

1. Both the Member and the Authorised Person should attend a Retail Centre to complete and sign the Authority form in front of a Medibank Private staff member.
2. The Retail Centre staff will ask both parties to show Photo identification (eg: Driver's license, passport). This is to ensure the protection of your personal information.
3. The Authorised Person will be asked to supply a 6 digit numeric PIN (Personal Identification Number) and a Challenge question and Answer, to be used in future to identify them when acting on behalf of the Member.

## To nominate an Authorised Person - by mail or fax

Where it is not possible for either the Member or the Authorised Person to attend a Retail Centre:

1. The Member must complete the attached Authority form and sign the declaration.
2. The Authorised Person must complete the 6 digit numeric PIN (Personal Identification Number) and Challenge question and answer on the Authority form, to be used in future to identify them when acting on behalf of the Member.

All forms should be returned via fax (07) 3026 0557

Please contact Medibank Private on 132 331, should you require further assistance regarding this matter.

## Member to Complete

Title \_\_\_\_\_ First name \_\_\_\_\_  
Family name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of Birth (DD/MM/YYYY)      /      /  
Medibank Private Membership number *(if you have one)*

## Authorise and request that Medibank Private Ltd. grant:

Title \_\_\_\_\_ First name \_\_\_\_\_  
Family name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of Birth (DD/MM/YYYY)  
Phone number \_\_\_\_\_  
Medibank Private Membership number *(if applicable)*

### the right to:

- either      Conduct all business with Medibank Private on my behalf  
or          Conduct the specific business of

### the duration of the granting of these rights is:

- either      Enduring *(for the Lifetime of my membership or when terminated upon written request from me)*  
or          Fixed by the periods:

Start Date      /      /      End Date      /      /

### Declaration

I may terminate the granting of these rights at any time in writing. I acknowledge and agree with Medibank Private's Privacy Policy and will communicate information contained in the Policy to the Authorised Person nominated on this form.

I declare that the information I have provided is correct. I understand that there are penalties for giving false or misleading information.

Signature \_\_\_\_\_ Date      /      /

### **AUTHORISED PERSON TO COMPLETE THE FOLLOWING TO IDENTIFY THEMSELVES WHEN ACTING ON BEHALF OF THE MEMBER:**

PIN No: *(must be 6 digits)*

Challenge Question

Answer