

# Authority form

Members may wish to authorise someone else to act on their behalf when dealing with Medibank.

## What are the two types of authority that can be given to someone?

1. Authority to see your personal information, including details about your claims. This type of authority is known as **Claims Consent**. Any member on a policy can give someone Claims Consent to view their personal information.

## What can a person with Claims Consent do?

Once appointed by you, a person with Claims Consent can see – and in some cases update – your personal information.

This means they can see and amend your name and contact details, see your membership and correspondence history and see details of your claims – including services claimed and the date, provider and cost of each service. If you are insured under multiple policies, this consent applies to your personal information under each of the policies.

2. Authority to manage the policy. A person with this type of authority is known as an **Authorised Person**. Only the policy holder can appoint an Authorised Person.

## What can an Authorised Person do?

Once appointed, an Authorised Person can do everything the policy holder can do, including close the policy, but they can't appoint or remove another Authorised Person and they can't see the policy holder's or anyone else's personal information (unless the policy holder gives them Claims Consent also).

## How can I give authority?

1. Call us on 132 331.
2. Complete this form and return it to us:
  - in person, at a Medibank retail store
  - by email, at Ask\_Us@medibank.com.au
  - by post, at Medibank GPO Box 9999 in your capital city.
3. Provide us with a valid Power of Attorney that empowers the person to act on your behalf.

## Important things to know when giving someone authority.

Authority can be given on an ongoing basis, or for a specified time. In either case, you can remove the authority at any time by calling 132 331 or visiting one of our stores. Before allowing a person to use their authority, we will confirm their identity and that their authority is current. If you wish, you can also set a PIN that the person would need to provide when they contact us.

## Privacy statement

We collect and use personal information from this form to enable another person to deal with us on your behalf. If we do not collect this information, we may not be able to provide you with this service. We may disclose personal information to persons or organisations in Australia or overseas including other Medibank Group Companies and our service providers, professional advisers, suppliers and partners. We may also disclose information to other persons covered under your policy or your agents and advisers. We may disclose personal information overseas to other Medibank Group Companies or third parties who provide services to us, including in India, the United States and New Zealand. Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information, how to lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by visiting our website at [www.medibank.com.au](http://www.medibank.com.au). Before giving authority, you must obtain the person's consent to give us their personal information. You must tell the person you have nominated them, what information you have given us and how they can obtain a copy of Medibank's Privacy Policy.

## Next we'll need some details about the person you are granting authority to:

Title  First name

Family name

Address

Suburb / City  State  Postcode

Date of birth (DD/MM/YYYY)       Mobile number

Email address

Medibank membership number (if applicable)

## I am authorising that Medibank grant the above person the right to (select **one or both** of the following options):

### Manage the policy on my behalf i.e. that they be appointed as an Authorised Person

- for the lifetime of the policy unless terminated earlier by me.

or

- for the following period:

Start date (DD/MM/YYYY)

Expiry date (DD/MM/YYYY)

### Access my personal information i.e. that they be given Claims Consent

- for the lifetime of the policy unless terminated earlier by me.

or

- for the following period:

Start date (DD/MM/YYYY)

Expiry date (DD/MM/YYYY)

## Declaration.

I may terminate the granting of either right at any time. I acknowledge and agree with Medibank's Privacy Policy and will communicate information contained in the Policy to the 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

**Optional: You can nominate a security pin and include a security question + answer as a second identity check – please cross-check this with the person nominated on this form as they will need to provide it when they contact us.**

PIN No (must be six digits not starting with 0)

Please also choose a security question and write the answer in the space provided:

- What is the name of your first pet?
- What was the first record or CD you bought?
- Where were you born?
- What is your grandfather's name?

Answer

Print form

Reset form

## First, we need some details from you.

Title  First name

Family name

Address

Suburb / City  State  Postcode

Date of birth (DD/MM/YYYY)       Medibank membership number