

MEDICAL AUTHORITY FORM

Please use this form to provide your authorisation to any general medical practitioner, or other health provider who you've consulted or may consult at any time in the future, to release your personal medical information to NEOS Life, or any administrator acting on the insurer's (NobleOak Life Limited) behalf, for the purposes of completing your NEOS Protection application.

How to complete this form

Please read and complete:

Authority 1 Authority 2

on this form, then sign and email the completed form to us at customerservice@neoslife.com.au. Alternatively, you may also post the completed form to us at NEOS Life, GPO Box 239, Sydney NSW 2001.

Please note: references to "NEOS Life" in both Authority 1 and Authority 2 mean **NEOS Life and / or the insurer NobleOak Life Limited** ABN 85 087 648 708 (and administrators acting on their behalf).

Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on 1300 090 188 or email us at customerservice@neoslife.com.au.

Plan details

Plan number
(if known):

Insured person: First name: Middle name: Last name:

Notes on 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, NEOS Life, 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.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure as prescribed by NobleOak Life Limited's NEOS Benefit Fund Rules and to the extent relevant under the Insurance Contracts Act 1984 (Cth).

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 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.

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 NEOS Life, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form NEOS Life 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.
- NEOS Life 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 NEOS Life 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.

Insured person

Signature

Date / /

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 NEOS Life, or to third parties they engage, only if NEOS Life 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 all the following:

- NEOS Life can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is only valid while NEOS Life 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.

Insured person

Signature

Date / /

Please return your completed form to customerservice@neoslife.com.au



neoslife.com.au

GPO Box 239, Sydney NSW 2001

e: customerservice@neoslife.com.au t: 1300 090 188

NEOS Life is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS Protection is issued by NobleOak Life Limited (NobleOak) ABN 85 087 648 708 AFSL 247302. NEOS Super Plan is issued by Tidswell Financial Services Limited (Tidswell) ABN 55 010 810 607 AFSL 237628 RSE L0000888 as trustee of both the Max Super Fund ABN 22 508 720 840 RSE R1067897, and the Tidswell Master Superannuation Plan ABN 34 300 938 877 RSE R1004953. NEOS Life provides administration services in relation to NEOS Protection and NEOS Super Plan on behalf of NobleOak and Tidswell, respectively.