

Heidelberg Australia Superannuation Fund

Privacy Acknowledgement and Consent Form for Disablement Claims

I have received and read the Privacy Policy for the Fund.

I understand that, in order for the Trustee and the Fund's insurer to consider my disability claim, they need to collect personal information about my occupation and the nature of my illness or injury. This information may include "sensitive" information such as medical reports, sick leave or taxation records relating to my employment, surveillance reports and details of any previous workers compensation or other disability insurance claims. I understand that the Trustee and its insurer are authorised to collect this information in accordance with the terms and conditions of the Fund's insurance policy.

I understand that the Privacy Policy includes information on how I can access or correct my personal information, how I can make an enquiry or complaint about my privacy and how such an enquiry or complaint will be dealt with.

I acknowledge that under the Privacy Act 1988, the Trustee must obtain my consent to the collection, use and disclosure of certain personal (including sensitive) information about me, or supplied by me. I understand that this information will be used by the Trustee and its agents for the purposes of assessing my disability claim and payment of any subsequent disability benefit from the Fund. I understand that if I do not provide my consent, my claim may be unable to proceed.

I consent to the Trustee collecting personal (including sensitive) information about me for the purposes set out in the Privacy Policy and this consent form from the following parties:

- any medical professional, healthcare provider or hospital that has attended or examined me;
- any organisation that has provided benefits to me in respect of my illness or injury, including other insurers, workers compensation providers or government departments such as Centrelink;

- my legal or other advisers;
- the Fund's administrator, consultant, and their contractors and affiliated companies;
- the Fund's insurer or medical advisers and practitioners and claim assessors and surveillance experts appointed by the Trustee or the Fund's insurer; and
- my employer or previous employers. I acknowledge that this information may include, but is not limited to, details of my occupation, sick leave records or previous workers compensation claims.

I consent to the use and disclosure of my personal information (including sensitive information) for the purposes set out in the Fund's Privacy Policy and this consent form by the Trustee and its agents to the following parties:

- any of the directors of the Trustee;
- the Fund's administrator and its contractors and affiliated companies;
- the Fund's insurer and its contractors and affiliated companies, medical advisers and practitioners and claim assessors and surveillance experts appointed by the Trustee or the Fund's insurer;
- my legal or other advisers;
- the Fund's consultants and advisers, including (but not limited to) its actuary, auditor and legal advisers;
- any court, external dispute resolution scheme or body (including the Australian Financial Complaints Authority) if required by law or in order to resolve a dispute regarding my claim; and
- the Australian Taxation Office and other statutory bodies, where this is required or authorised by law.

Member's Signature: _____

Member's Name (please print): _____

Date: _____ / _____ / _____

Please return to: The Fund Administrator
Heidelberg Australia Superannuation Fund
PO Box 1442
Parramatta NSW 2124
Telephone: 1800 127 953