



Medical authority

I hereby authorise Medicare or any doctor, hospital, dentist or other person who has attended me, to release to AXA Australia or its representatives, all information with respect to any illness or injury, medical history, consultations, prescriptions, or treatment and copies of all hospital or medical records. I agree that a photocopy (or similar copy) of this authorisation shall be as effective and valid as the original.

Name

Member's signature Date

Accountant authority

I hereby authorise my accountant/financial adviser to release to AXA Australia or its representatives, all information which AXA Australia requests for the purpose of assessing or investigating my claim. I agree that a copy of this authorisation shall be as effective and valid as the original.

Name

Member's signature Date

Authority to release information

I Born on the day of 19

(Name)
Residing at

Postcode In the state of

(Name of workers' compensation/work care/disability insurer)
Hereby authorise and direct

Claim number:

(Postal address of workers' compensation/work care/disability insurer)
Of

To release:

To AXA Australia or its appointed agents, any medical or other information to which I would be entitled under the freedom of information act, any other acts of parliament and under general law, in relation to any claims I have made to the insurer; and to me a complete copy of all the medical information you have released to AXA Australia. I agree that a copy of this authorisation shall be as effective and valid as the original.

This request is made to enable AXA Australia to fully assess a claim made by me in relation to Total and Permanent Disablement Cover and/or Group Salary Continuance Cover under the

Plan number:

Dated on this day of year

Member's signature Date