

Submit your claim to Cover-More by: Post Cover-More Claims Department, Private Bag 913, North Sydney NSW 2059
Fax (02) 9202 8098 Email claims_processing@covermore.com.au

Medical Authority (To be completed by the person who was ill/injured)

To be completed by the person whose state of health caused the claim (or their Parent/Guardian, Executor of the Estate or Power of Attorney if applicable). Details of the patient's usual doctor or dentist (of at least 12 months prior to the policy issue date).

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the medical/dental condition/s/injury/ies or death which resulted in this claim. I acknowledge that a photocopy/scanned copy of this authorisation shall be considered as valid as the original.

Signature of patient/Executor/Power of Attorney Signatories name

Signed date

 / /

Medical Practitioner's email or postal address (include postcode)

Medical Certificate (To be completed by the patient's usual Medical Practitioner in Australia)

To be obtained at the claimant's own expense from the patient's usual medical practitioner (whom they have been attending for at least 12 months prior to the issue date of the policy). Required for all claims arising from a person's health/medical condition, death or dental condition. If you do not have a usual medical practitioner, please contact us.

IMPORTANT: The medical practitioner is respectfully requested to give as much detail as possible when answering these questions in order to assist our client with their claim and avoid the necessity of additional questions. PLEASE USE BLOCK LETTERS. You may reply in letter format however answers to each of the questions below that are relevant to your patient or the claim being made by the claimant will need to be included.

PLEASE INCLUDE ALL PATIENT DISCHARGE SUMMARIES

1. Name of patient

2. Date of birth

 / /

3. Are you the patient's usual General Practitioner Yes No

a. If Yes, for how long?

No

b. If No, do you have access to their medical or dental records? Yes No

From what date?

 / /

4. Please give a precise diagnosis of the illness or injury or cause of death that has given rise to the claim. If an injury, how was it sustained?

5. On what date did the patient first consult You in relation to this condition or symptoms of this condition?

 / /

6. Have you or anyone else known to you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in the answer to question 4? Yes No

7. Prior to the policy issue date, was the patient receiving any regular advice, treatment or medication or being investigated for this condition or any similar/related condition? Yes No If Yes, please give details and please provide details and include copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past 2 years.

8. Please provide details of the patient's health at the time when the insurance was issued and the likelihood of the patient's health leading to hospitalisation or death after this time.

Medical Certificate (page 2 of 2)

9. Please provide the following dates, where applicable.

a. Date of onset of illness/injury/death and/or date of deterioration/exacerbation

/ /

b. Date tests prescribed

/ /

c. Date tests carried out

/ /

d. Date results advised to the patient

/ /

e. Date referred to specialist/surgeon

/ /

f. Date of death

/ /

g. Name and address of specialist/surgeon

10. Date the patient was advised that they would not be able to travel.

/ /

11. If due to pregnancy:

a. On what date was the pregnancy confirmed?

/ /

b. How many weeks pregnant was the person on this date?

c. Was the conception medically assisted? Yes No

d. Have there been previous complications with this or any other pregnancy? Yes No

12. Was the patient on a waiting list for hospital? Yes No If Yes, please give details.

13. Was the patient hospitalised? Yes No

If Yes, please provide admission date

/ /

Non-Traveller Questions

14. Was it medically necessary for the traveller to amend or cancel their journey and; has your patient been hospitalised in the previous two (2) years for a condition that was directly or indirectly arising from or related to the condition causing the claim as stated above

Yes No If yes: Please provide all copies of the hospital discharge summaries

15. Did your patient reside in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility as defined under the Aged Care Act 1997 (or any subsequent amendment, or amendment legislation, to it);

Yes No

16. Was your patient residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services as defined under the Aged Care Act 1997 (or any subsequent amendment, or amendment legislation, to it);

Yes No

17. Was your patient on a waiting list for, or did they know they needed surgery, inpatient treatment or tests at a hospital or clinic?

Yes No If yes: Please provide relevant documentation to support same or copy confirmation of wait-listed surgery

18. Did the patient have a terminal illness (for which a terminal prognosis has been given by a qualified medical practitioner and which is likely to result in death.)

Yes No If yes: Please advise when the terminal diagnosis was provided to the patient.

19. Did the patient have a drug or alcohol addiction? Yes No If yes: Please provide when the patient was diagnosed with the addiction

I certify that I have examined the patient named above and/or have referred to their medical or dental records and confirm that the information given in this Medical Certificate is a true and correct statement.

Medical practitioner signature

Name

Date

/ /

Qualification

Telephone

Relationship to patient (if applicable)

Medical practitioner phone number

Medical practitioner fax number

Cover-More and your personal information

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks
- determine what services or products we can provide to you or others
- issue, manage and administer services and products provided to you or others including claims investigation, handling and payment
- improve our services and products e.g training and development of our representatives, product and service research, data analysis and business strategy development
- make special offers of other services and products that might be of interest to you.

What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How we collect your personal information

Through websites from data you, or your travel consultant, input directly or through cookies and other web analytic tools, via email, by telephone or in writing.

We collect personal information directly from you unless:

- you have consented to collection from someone else
- it is unreasonable or impracticable for us to do so or
- the law permits us to.

We may also collect additional personal information from other third parties who help us provide you with our services and products or help us administer the products.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

Who we disclose your personal information to

We share your personal information with third parties for the purposes noted above.

The third parties include:

- insurers
- medical providers, travel providers and your travel consultant
- our lawyers and other professional advisers
- our related companies and other representatives or contractors who we have hired to provide services or to monitor the services provided by us or our agents, our products or operations
- other parties we may be able to claim or recover against or other parties where permitted or required by law.

Additional third parties are detailed in our Privacy Policy available on our website www.covermore.com.au.

We may also need to disclose information to recipients located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website www.covermore.com.au. In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act in Australia. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us, to the extent permitted by law, and may not be able to seek redress overseas.

By proceeding with your application, you and any other traveller included on the policy consent to this use and these disclosures unless you tell us otherwise, by contacting us.

More information, access, correction or complaint

For more information about how we collect, use or disclose personal information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy. It is available on our website www.covermore.com.au or by contacting us.

Your choices

If you wish to withdraw your consent including for things such as receiving information on products and offers by us or persons we have an association with, or your travel consultant receiving information about your policy and coverage, please contact us.

Contact us

Privacy Officer

Cover-More Insurance Services Pty Ltd, ABN 95 003 114 145

Private Bag 913, North Sydney, NSW 2059

email privacy.officer@covermore.com.au