

Consent for the Collection and Disclosure of Information



(Please print clearly)

1 Life Assured details

Policy number	<input type="text"/>	Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Full name	<input type="text"/>		
Address	Street <input type="text"/>	Suburb	<input type="text"/>
	City <input type="text"/>	Postcode	<input type="text"/>
Contact details	Phone <input type="text"/>		
Insurer contact details	Case Manager <input type="text"/>	Return this form to this address <input type="text"/>	
	<input type="text"/>	<input type="text"/>	

2 Life Assured's Declaration

I , the **Life Assured**, consent and give authority to AIA New Zealand Limited and/or any related companies, its subsidiaries, its officers, its agents ('AIA') to collect, use and disclose, any medical, financial or other personal information about me for the purpose of assessing and managing my insurance claim.

The information may be collected from/disclosed to external agencies and service providers ('agencies') for the above purpose including:

- > Dentists > Advisers > Employers (whether current or not) > Medical laboratories > Accident Compensation Corporation (ACC) > Banks and other financial institutions
- > Accountants and other financial advisers > Insurers and reinsurers (whether public or private) > Counsellors, psychologists and therapists
- > Government departments, agencies, organisations and enterprises > Registered medical practitioners and specialists (which may include an entire copy of my medical file).

I understand that in the collection, disclosure, usage and storage of information, AIA will at all times comply with the obligations of the Privacy Act 2020 and the Health Information Privacy Code 2020.

Any personal information collected will be held at AIA's Auckland office, 74 Taharoto Road, Takapuna, Auckland and by AIA's data storage providers, including cloud-based data storage providers (whether in New Zealand or elsewhere). AIA will take reasonable steps to keep such information secure. AIA may be required to disclose personal information if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities. Failure to provide the requested information or provision of incorrect information may result in your claim being declined or unable to be assessed.

I understand access to and correction of my personal information may be requested by me.

I understand that my personal information will only be held for as long as is necessary to achieve the purpose for which it was collected or longer if required by law.

This consent applies for ☐ 6 months ☐ 12 months

Signature of Life Assured

Date

3 Life Assured Representative's Declaration (if appropriate)

Full name of Representative	<input type="text"/>	Phone No	<input type="text"/>
Your relationship to the Life Assured	<input type="text"/>		
Why is the Life Assured unable to sign this form?	<input type="text"/>		
I declare that, to the best of my knowledge, I have the authority to consent to the collection and release of information on behalf of the Life Assured.			
Signature of Representative	<input type="text"/>		Date <input type="text" value="DD/MM/YYYY"/>

