

integrity.

Medical and financial Authority.



We, Integrity Life Australia Limited (Integrity Life), may collect and use your health information and financial information for the purpose of assessing your application for Cover.

We require your consent for any health provider, your nominated accountant or your financial adviser to release information about you.

If you choose to withhold your consent, we may not be able to process your application or make changes to your existing Cover.

Please complete the following below:

Life insured's details

Title _____ First name _____

Additional names _____ Last name _____

Mobile phone _____ Home phone _____

Residential address _____

Suburb _____ State _____ Postcode _____

Postal address
{Same as residential / OR} _____

Suburb _____ State _____ Postcode _____

Authority

I, the Life Insured, agree to all of the following:

- My nominated accountant and/or financial adviser can share my financial information with Integrity Life.
- Any medical practitioner, doctor, health professional, hospital, clinic or any other insurer can share the full details of my health and claims history with Integrity Life, or an authorised entity of Integrity Life.
- This authority is to be accepted as my agreement to release information and records about me to Integrity Life, in the form requested by Integrity Life.

This authority is provided for the purpose of either assessing my application for Cover, increasing my existing Cover and/or verifying disclosures I have made in connection with my Cover held with Integrity Life.

Signature

Date

Please return the completed form to hello@integritylife.com.au

If you need any more information, please call 1300 54 33 66.