

EISS Super

# Insurance: Authority to Release Medical Information to Your Doctor

## About this form

This form should be completed to request access by your doctor to the insurer's underwriting assessment when:

- the insurer has declined to provide the additional cover requested; or
- revised terms, such as an Exclusion and/or Premium Loading have been placed on the insurance cover by the insurer.

## We're here to help

If you need assistance completing this form, you can call us on 1300 369 901, Monday to Friday from 8am to 8pm (AEST).

Please complete all sections of this form as applicable, sign at Step 3, and return the completed form by either; uploading it into your online account or posting it to: EISS Super GPO Box 7039, Sydney, NSW 2001.

## Step 1. Your personal details

Member Number

Account Number

Mr / Mrs / Ms / Miss / Other

Given name(s)

Surname

Date of birth   /   /

If we have any questions about this form we will contact you on the details you provide below:

Telephone

Mobile

Email

You can change your personal details online by logging into your account at [eisuper.com.au/login](https://eisuper.com.au/login).

## Step 2. Authority to release medical information

Complete this section to authorise the release of medical information to your doctor.

I hereby authorise that a full explanation and reason for the decision in relation to my medical assessment be released to my doctor as detailed below. Please include copies of all relevant documents collected during my assessment.

### Doctor's details:

Given name(s)

Surname

Telephone

Postal address

Suburb

State

Postcode

Email

## Your privacy is important to us

We are required to comply with relevant privacy laws. The personal information that we collect is used to process your application, administer your account(s), provide you with services and conduct research about how to improve our services and products. Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer the Fund and provide services on our behalf.

The EISS Super Privacy Policy is available to view at [eisuper.com.au/privacy](https://eisuper.com.au/privacy) or you can obtain a copy by contacting us on 1300 369 901.

## Step 3. Sign the form

### By signing this form I:

- acknowledge that I have read and understood this form;
- understand that the information contained in this form will be handled by EISS Super to process my request to release medical information to the medical practitioner listed regarding my declined or revised insurance terms; and
- understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Member Signature

Date

Sign here

### Please return your completed form by either:

Posting it to us      OR      Uploading it to your online account

EISS Super  
GPO Box 7039  
Sydney NSW 2001

Visit [eisuper.com.au/login](https://eisuper.com.au/login)