
Section D. Medical History & Treatment (Continued)

8. Do you have private health cover? Yes No
(If yes, please give details below)

Insurer **Type of Cover**

Section E. Claimed Expenses

1. Are you claiming medical expenses? Yes No
If yes, please complete **Medical Expenses Form**
2. Are you claiming for loss of income? Yes No
If yes, please complete 3 and 4 below:

We are unable to process benefit payments without a confirmation of income.

3. Are you self employed? Yes No
If yes, confirmation of earnings MUST be submitted with claim form (i.e. Tax Return & Profit/Loss Statement).

4. Employer Declaration

If employed as a wage earner, the below is to be completed by your employer (or attach payslip)

I hereby certify that has been unable to attend his/her usual occupation with
the company as a result of an injury/illness suffered whilst
on the / /
He/she has been incapacitated since / / and is expected to/did resume duties on / /
His/her gross salary, exclusive of bonuses, commission, allowances, etc., at the date of injury was \$ / / per week.

Name of Company Has been employed since: / /

Address

Name of Supervisor or Paymaster Telephone Number

Signature of Supervisor or Paymaster Date / /

5. Other. Please specify:

Section F. Church/Club/Association Declaration - COMPULSORY

I hereby certify that whilst participating in authorised voluntary work
was injured on the / /

Name of Insured Entity

Name of Authorised Officer for Insured Entity

Phone (BH)

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Signature of Authorised Officer for Insured Entity

Date

/ /

Section G. Complaints Process

ACS Financial is a broker for our insurers who are signatories to the General Insurance Code of Practice developed by the Insurance Council of Australia.

If you have a dispute, and after talking to ACS Financial staff you are still dissatisfied and you wish to take the matter further, we have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your concerns within forty-five (45) working days.

If you are dissatisfied with our decision or the way we handled your complaint, you may be able to refer your complaint to the Financial Ombudsman Service. Access to the Complaints Process is free of charge to you.

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Section H. Privacy Statement

ACS Financial Pty Ltd (ACN 062 448 122) (AFSL 247388) (ABN 91 460 778 961) ("ACS Financial") ("we"/"us") is committed to ensuring the confidentiality and security of your personal information.

We are bound by the Australian Privacy Principles ("APPs") under the *Privacy Act 1988 (Cth)* regarding the way we handle your personal information.

We have implemented a Privacy Policy, under the APPs, which explains how we collect, hold, use and disclose your personal information, and how you can access and/or correct that information. Nothing in this policy limits any of our obligations at law.

You can obtain a copy of the 'ACS Group Privacy Policy' by calling 1800 646 777 or by downloading a copy at www.acsfinancial.com.au/Customer-Support-Privacy-Policy.

Your personal information is collected for the purposes set out in the ACS Group Privacy Policy and is relevant to any recommendation that you acquire or offer to arrange for the issue of an insurance policy or a mutual protection to you as well as the amount of your premiums or contributions or the assessment of any claims made by you or your personal representative. If you do not provide the full information that we request and disclose every matter that you know or could reasonably be expected to know, we may be unable to assist you with your application or if you accept insurance cover and/or mutual protections you may be in breach of your Duty of Disclosure.

Ensure that you seek permission from individuals before you provide us with their personal information, and let them know about this Privacy Statement and how they can contact us if they want to access or correct information we hold about them.

We do not trade, rent or sell your personal information. We may use your personal information to provide you with information about other products, services and special offers. If you do not want your personal information used in this way, please write or email ACS Insurance Services at insuranceservices@acsfinancial.com.au with your opt-out request and we will arrange accordingly.

Section I. Declaration

Declaration

I/We declare that:

- the information I/we have provided is true, complete and correct to the best of my/our knowledge, and I/we will inform ACS Financial should any of this information change in the future;
- the information I/we have provided includes every matter known to me/us that is relevant to the claim;
- I/We are duly authorised to act for and on behalf of the above-named organisation and have completed this form on behalf of it and all those who may be entitled to indemnity/Protection, after due enquiry of all directors or office bearers and senior staff;
- I/We authorise ACS Financial to obtain from or give to any insurer or ACS Mutual Limited (ACN 162 909 346) or insurance reference bureau or credit reporting agency any personal information relating to this or other insurance cover/Protection relating to me or the above-named organisation including claims or credit history; and
- I/We understand that I/we can obtain the ACS Group Privacy Policy, access personal information held about me/us, or raise privacy concerns by calling the ACS Group Privacy Officer on 1800 646 777, and consent to ACS Financial and its service providers using and disclosing my/our information in the way described in the Privacy Statement. Where information about a third party individual is supplied, I/we declare that the person has been made aware of that fact and of the Privacy Policy.

Section J. Authority

I hereby authorise any hospital, physician or other person who has attended to me to furnish ACS Financial or its representatives, any and all information with respect to any injury, medical history, consultation, prescriptions, or treatment, copies of all hospital and medical records as requested.

Signature of Claimant/
Parent/Legal Guardian

Date (DD/MM/YYYY)

/ /

Full Name

Please send completed Claim Form (including any attachments) to:
The Claims Manager
ACS Insurance Services
Level 1, 917 Riversdale Road, Surrey Hills, VIC, 3127
E claims@acsfinancial.com.au • F 03 9811 6466 • P 1800 646 777

MEDICAL CERTIFICATE



THE CLAIMANT MUST OBTAIN AT THEIR OWN EXPENSE FROM THE PATIENT'S USUAL DOCTOR IN ALL CASES
IMPORTANT: THE MEDICAL ATTENDANT IS RESPECTFULLY REQUESTED TO GIVE AS MUCH DETAIL AS POSSIBLE IN ORDER TO ASSIST OUR CLIENT AND AVOID THE NECESSITY OF ADDITIONAL ENQUIRIES

Section K.

1. Patient Details

Full Name

Date of Birth (DD/MM/YYYY)

/ /

Please give complete diagnosis of this condition

2. History

When did the patient first receive medical treatment? / /

Is there a previous history of this or a similar condition? Yes No If yes, please provide details:

How long have you known the patient? Day/s Month/s Year/s

Are you the regular general practitioner? Yes No If no, please advise who is:

Regular Doctor's Name

Address

Telephone Number

3. Injury

When did the patient first suffer the injury? / /

What was the cause of the injury?

4. Degree of Disability

When was the patient obliged to cease school or work? (DD/MM/YYYY) / /

When was/will the patient be able to return to school or work?

Some duties? / / Full duties? / /

5. Treatment of Present Condition

When were you consulted? Initially / / Most recently / /

Was the patient confined to hospital?

No Yes From: / / To: / / If 'yes', please advise:

Name and Address of Hospital

What other surgical or medical procedures are possibly contemplated?

Are there any underlying conditions affecting recovery from the current conditions? Yes No

If 'yes' please advise the nature of underlying conditions and how they affect disability and recovery

What is the current prognosis?

Are there any further remarks which may assist in assessing this condition?

Print Full Name of Medical Practitioner

Qualifications

Postal Address

Phone (BH)

Fax

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Signature of Medical Practitioner

Date (DD/MM/YYYY)

[Signature box]

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