



## Member Details

Membership Number

I,

Title

Given Name(s)

Surname

of

Address

hereby declare that

Title

Given Name(s)

Surname

of

Address

is unable to correspond with GMF Health with regard to any matters relating to his/her policy. I also declare that I am fully responsible for the conduct of the above-named person's affairs. Please accept my signature in relation to any matters regarding the above-named.

Power of Attorney's Signature

Date

**This form must be accompanied by an Enduring Power of Attorney document or Doctor's certificate.**

## Privacy

HealthGuard will use the information you or your attorney supply on this form and the information we collect from third parties to process any dealings you have with HealthGuard which are authorised by your attorney. You consent to HealthGuard collecting related sensitive information directly from those third parties or attorney or, if you are not the recipient of the benefit or service, you give consent on behalf of that recipient.

The personal information we collect may be disclosed to our related companies. You or your attorney give your consent to us sharing the personal information we collect (including sensitive information) with related companies of HealthGuard (the HealthGuard Group) for the purpose of preventing and detecting fraudulent or invalid claims or misrepresentation which would cause loss to the HealthGuard Group.

HealthGuard will only retain the personal information collected from your attorney until you advise that the power of attorney is revoked by you. It will be destroyed shortly after.

HealthGuard is also obliged by the Private Health Insurance Act 2007 to maintain certain transaction records and make those records available to the Private Health Insurance Ombudsman, the Department of Health and Ageing, the Private Health Insurance Administration Council and Medicare. We will disclose this and any other information as required by law.

If you or your attorney do not provide personal information which is required on this form, HealthGuard may not be able to process your dealings with us.

In most circumstances you or your attorney have a right to access any personal information which we collect and hold about you or your attorney. Please contact us if you or your attorney wish to access your personal information.

We may deny your request in some circumstances and if we do this, we will tell you why.

More information about the way we handle personal information is detailed in our Privacy Policy, which is available at [gmfhealth.com.au](http://gmfhealth.com.au) or on request by calling a Member Service Consultant on 1300 653 099.

GMF Health Service Centre 130 Egan Street, Kalgoorlie WA 6430. Postal Address PO Box 513, Kalgoorlie WA 6433. Telephone Enquiries: 1300 653 099 Monday to Friday 7am to 5pm (WST).  
Internet: [gmfhealth.com.au](http://gmfhealth.com.au)

HealthGuard Health Benefits Fund Limited ABN 26 054 321 274 is a Private Health Insurer under the Private Health Insurance Act 2007, carrying on business as GMF Health and under other business names.