



Member Details

Membership Number

Title

Surname

Given Name(s)

Residential Address

Postal Address

I hereby authorise the below named person to act on my behalf for the following:

- Make membership changes
- Discuss membership enquiries and make payments
- Cancel membership
- Submit claims and receive benefits payable
- All of the above

Person to be given authority

Title

Surname

Given Name(s)

Residential Address

Relationship to Member

Signature

Date

This authority is to remain in force until revoked by me in writing.

Member's Signature

Date

Privacy

HealthGuard will use the information you or your agent 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 agent. You consent to HealthGuard collecting related sensitive information directly from those third parties or agent 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 agent 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 agent until you advise that the authority 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 agent 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 agent have a right to access any personal information which we collect and hold about you or your agent. Please contact us if you or your agent 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 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

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