



Power of Attorney/ Appointment of Agent

1. Member Details

Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Password	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)					Surname							
Postal Address							State	Postcode					
Home Phone						Work Phone							
Mobile						Email							

2. Nominated Person

Please select one of the following options Power of Attorney Agent

Title	Nominated Person's Given Names					Nominated Person's Surname						
Nominated Person's Relationship to Member							Nominated Person's Phone Number					
Nominated Person's Date of Birth												
Nominated Person's Address							State	Postcode				
Nominated Person's Signature							Date					
Power of Attorney Number												

If you have ticked the Power of Attorney box you must supply a Power of Attorney or Declaration of the State Administrative Tribunal.
Please specify below any restrictions or conditions listed in your Power of Attorney or Declaration.

3. Policy Amendments (only complete if you are appointing an agent)

I hereby authorise the person named in the Nominated Person section to act on my behalf in all dealings with GMF Health to:

<input type="checkbox"/> Make policy changes	<input type="checkbox"/> Submit claims and receive benefits payable
<input type="checkbox"/> Cancel policy	<input type="checkbox"/> All of the above
<input type="checkbox"/> Discuss policy enquiries and make payments	

4. Authority

This authority/Power of Attorney is to remain in place until revoked by me in writing.

Member's Signature	Date
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Privacy

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

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

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

GMF Health has a range of obligations under the Private Health Insurance Act 2007 and the Insurance Contracts Act 1984 and related regulations that impact on its collection and disclosure of personal information. In effect, these require GMF Health to maintain records, report to regulatory authorities, and to meet various requirements in relation to providing private health and general insurance. GMF Health is also required to make certain information and records available to other regulatory bodies, auditors, actuaries and public authorities including the Department of Health and Ageing, the Private Health Insurance Ombudsman, Medicare Australia and Financial Ombudsman services. We will disclose this and any other information as required by law.

If you or your attorney/agent do not provide personal information, which is required on this form, GMF Health may not be able to process your dealings with us. In most circumstances you or your attorney/agent have a right to access any personal information, which we collect and hold about you or your agent/attorney. Please contact us if you or your attorney/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.