

Expatriate Claim Form

THIS IS THE FORM TO USE WHEN MAKING AN EXPATRIATE MEDICAL EXPENSES CLAIM ON ANY POLICY PROVIDED BY AFA PTY LTD ABN 83 067 084 333, AFSL 247122 ON BEHALF OF ZURICH AUSTRALIAN INSURANCE LIMITED ABN 13 000 296 640 AFSL 232507.

Instructions to assist with the completion of this form

Correct completion of these forms will assist us to make accurate and faster decisions regarding our customers' claim for benefits and ensure that where benefits are payable that they reach our customers in a timely manner. Incomplete claim forms will be returned for completion, leading to assessment delays.

Please remember that premium payments are not waived when you make a claim and you must continue to pay the premium whilst you are claiming benefits

IMPORTANT NOTE

Please ensure that all relevant sections of this claim form are fully completed. We are unable to consider assessment of your claim unless all information has been given. Failure to complete all information may result in delay in the assessment of your claim.

- The issue and acceptance of this Form does not constitute an admission of liability by the Company or a waiver of its rights.
- Each individual is to complete a separate claim relating to their expenses.

ELECTRONIC FUNDS TRANSFER FORM (EFT) for Claim Payments

Important: Should your claim be accepted & benefits are payable we will require your account details. Please be sure to complete the following section so that payments can be processed.

Claimant's name:

Australian Bank Account Details

Name of Bank/Credit Union:

BSB Number (6-digit number)

Account name:

Account Number

Overseas Account Details

Name of Financial Institution

Account Holders Name

IBAN Number (for non-Australian) bank)

Account Number

SWIFT Code (for non-Australian) bank)

Currency of Account (for non-Australian) bank)

I authorise AFA Pty Ltd to directly credit claim benefits to my account as noted above.

Signature of Claimant authorising EFT benefits:

Date

/ /

Note: Providing your account details above does not mean that your claim is acceptable and quality you for benefits.

This form is used to initiate a claim only

Section 1 — Policy and Claimant Details

Policy Number

Insured Company

Employee's Name

Email Address

Employees Address

Suburb

State

Postcode

Patient's Name

Relationship with Employee

Patient's Nationality

Is the patient entitled to Medicare benefits in Australia?

Yes

No

Does the patient hold Private Health Insurance?

Yes

No

Section 2 — Overseas Medical and Dental Details of Amounts Claimed

Date of Service	Injury/Illness (e.g. sprained ankle)	Fully Describe Procedure, Medical Services, Supplies Furnished (e.g. x-ray, plaster, doctor consultation, physiotherapy, etc)	Charges (\$A or other currency)

(Attach all relevant documentation and itemised invoices and receipts)

Date	Physicians or Providers	Address

Section 3 — Hospitalisation Only Benefit Claim

Type of Injury or Sickness Date of Accident or Commencement of Sickness

If Injury - Give full details of Accident. If Sickness, give details of onset of condition

Date of first medical consultation Name of Doctor or Hospital

Details of other treatment by Doctors/Hospital

Dates in Hospital: Admitted Time Discharged Time

Country	Currency	Total Amount

Have you ever suffered from the same or similar complaint in the past? No Yes If Yes, give details, dates, names and addresses of treating physicians

Date	Physicians or Providers	Address

Section 4 — Declaration and Information Authorities

I understand that AFA Pty Ltd (ABN 83 067 084 333, AFS License No. 247122) may need to access, collect and disclose information about me in order to be able to assess my claim for benefits.

In order to do so, I (insert your full name here)

of (your address)

Suburb/town

Postcode

State

hereby agree that I have read, understood and agree to the collection, use and disclosure of my personal information by AFA Pty Ltd as outlined in the Privacy Notice on page 5 of this document.

In addition and without limiting the above, I authorise AFA Pty Ltd to collect and disclose any information about me from and to any organisation or person including the following, (which includes their current and former capacities and any organisation or person that may replace them): Medicare, any insurance or health insurance company, other insurance intermediaries, Centrelink, any hospital, physician, medical practice, medical services provider, medical therapy provider, employer, investigators, assessors and loss adjusters, other parties we may be able to claim or recover against, insurance reference bureau, financial institutions including banks, the Australian Taxation Office and my accountant.

In providing or obtaining information about me, I understand that AFA Pty Ltd will use that information in the assessment of my claim, and that if I do not provide, or permit access to this information my claim may not be able to be assessed by AFA Pty Ltd.

This consent to access, collect and disclose my personal information remains valid unless I revoke or alter it by giving AFA Pty Ltd, notice in writing and I agree that a photocopy of this authority is to be accepted and shall have the effect of an original.

I solemnly and sincerely declare that the information provided in this claim form and any attachments which I have provided, is true, correct and complete in every detail. I agree that if I have made any misrepresentations, false or fraudulent statements, or have concealed information of a material nature relevant to the assessment of my claim, that subject to law, the policy may be cancelled and/or AFA Pty Ltd may refuse to pay a claim.

Signature

Date

/ /

To be completed if another person has signed on behalf of the person claiming

Name of person who signed on behalf of the person claiming

Relationship to the person claiming

Reason why the person claiming could not sign

PRIVACY NOTICE

At AFA Pty Ltd (AFA) (ABN 83 067 084 333) we are committed to protecting your privacy in accordance with the *Privacy Act 1998* (Cth) and the Australian Privacy Principles (APPs).

This privacy notice details how we collect, disclose and handle your personal information as defined in the Act.

Personal information is essentially information or an opinion about an identified individual or an individual who is reasonably identifiable, whether the information or opinion is true or not and whether recorded in a material form or not.

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g training and development of our representatives, product and service research and data analysis and business strategy development.
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What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How we collect your personal information

Collection can take place through websites (from data you input directly or through cookies and other web analytic tools), email, by telephone or in writing. We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, our agents or contractors, our insurers, other insurers and reinsurers, your agents, premium funders, other insurance intermediaries, underwriting agents, our legal, accounting and other professional advisers, data warehouses and consultants, providers of medical and non-medical assistance and services, translators, investigators, loss assessors and adjusters, credit agencies, credit card providers and other parties we may be able to claim or recover against, your employer (if a corporate policy), anyone either of us appoint to review and handle complaints or disputes, other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event and our alliance and other business partners and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website afainsurance.com.au.

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

More information, access, correction or complaints

For more information about our Privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy. It is available at our website afainsurance.com.au or by contacting us or our Privacy Officer at AFA, PO Box 463 North Sydney NSW 2059 or by email to privacy@afainsurance.com.au, or by telephone on 1300 728 997.

Your Choices

You consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

Contact us

By phone: 1300 728 997

By email: privacy@afainsurance.com.au

In writing: PO Box 463 North Sydney NSW 2059

