

Attending doctor's statement (Income protection)



This application is made under an insurance policy issued to the trustee of Aware Super by TAL Life Limited, ABN 70 050 109 450 (the insurer) and will be assessed by the insurer.

Important information for members and medical practitioners

This form is to be completed by the member's attending doctor and relates to a claim for an income protection (IP) benefit. If there is a charge for completing this form, the payment is the responsibility of the member.

Privacy

Your privacy with Aware Super

Aware Super is authorised under superannuation law to collect your personal and sensitive information for the purpose of administering your superannuation, including insurance held through super.

The personal information you provide in this form is collected and held by us to administer your insurance within your Aware Super account and assess the claim. If you do not provide the requested information, we may be unable to process your insurance application, assess the claim or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, TAL Life Limited (TAL) and/or our legal or other professional advisors if reasonably necessary.

You should read the 'Our privacy information' section in the relevant *Insurance Handbook* which outlines how your sensitive information is collected, used and disclosed by us. You can access our Privacy Policy at aware.com.au/privacy, or we can send you a copy upon request or you can contact us on **1300 650 873** for further information. Our privacy policy contains detailed information about how we manage your personal and sensitive information. It also contains information about how to make a complaint in relation to how we have managed your personal and sensitive information.

Your privacy with TAL Life Limited

The privacy of TAL's customers is important and TAL are bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses information relating to their customers is set out in the privacy policy available at tal.com.au/Privacy-Policy or available on request.

Collection and use of personal information

The insurer collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer products and services to you. In certain circumstances, such as applications for life insurance products and claims, the insurer may be required to

collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, the insurer may not be able to provide products and services to you or pay the claim.

The insurer may take steps to verify the information they collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or they may verify with an employer regarding remuneration information provided in a claim for IP to ensure that it is accurate.

Disclosure of personal information

The insurer discloses relevant personal information to external organisations that help to provide their services and may also disclose some of your personal information to other parties, when required to do so to provide their products and services to you, such as the following:

- claims assessors and investigators, claims managers and reinsurers;
- medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- other insurers;
- for members of super funds where TAL is the insurer, to the trustee, and
- other organisations to whom the insurer outsources certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where the insurer may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Taxation Office), and
- authorised by law (e.g. under court orders or statutory notices).

Step 2: Patient's medical and consultation details (continued)

8. What are the patient's current reported symptoms.

9. Have the patient's symptoms changed in frequency or severity?
If yes, in what way?

Yes No

10. Has the patient ever experienced these, or similar symptoms prior to the date of diagnosis?

Yes No

If yes, when?

Date

11. How often are you consulting with your patient and when is the next appointment?

Frequency

Date

Step 3: Treatment and progress of medical condition(s)

1. What treatment (including medication) has the patient received from both yourself and other practitioners since the condition(s) was diagnosed?

2. What are your patient's future treatment plans?

3. Is the patient improving with this treatment?

Yes No

If no, when do you expect an improvement to occur?

4. What tests or investigations have been conducted to date and what was the result of these tests?

Please attach copies of the relevant test results.

5. Has the patient been referred to any consultants or specialists?

Yes No

If yes, please provide the contact details of the consultant or specialist. If no, please confirm the reason.

Step 4: Patient's capacity for work

1. What is your understanding of the patient's occupation and the duties involved?

2. What aspects of the patient's occupation are they unable to perform at this time?

3. From what date do you consider the patient totally unfit for work?

Date

Step 4: Patient's capacity for work (continued)

4. What are the overall expectations in relation to the patient returning to any form of employment if evidence based treatment is provided?

5. Since becoming totally unfit for work, has the patient been able to work:

- a) Normal duties and hours per week from

Date to Date

- b) Restricted duties and hours per week from

Date to Date

Please elaborate on the duties and hours the patient has been able to perform in this period.

6. When do you consider the patient likely to be certified fit to return to work?

Part-time

Full-time

If part-time, please provide the hours/duties able to perform and indicate whether rehabilitation assistance would assist their return to work.

Step 5: Declaration and sign

Name of medical attendant

Specialist Yes No

Qualifications

Address

Suburb

State

Postcode

Mobile number

Work phone number

Email address

I certify that I have examined the patient and that all statements made in this certificate are correct.

Signature*

Date signed* (DD-MM-YYYY)

Doctor Stamp

 Please sign and date form here.

 Post the form to this address.

Step 6: Where to post your completed form

Please post the completed form to

Aware Super
GPO Box 89
MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on **1300 650 873**.