

PRIVACY STATEMENT, MEDICAL AUTHORITY AND DECLARATION

Privacy Notice

Liberty International Underwriters (LIU) and Fullerton Health Corporate Services (FHCS) are bound by the Privacy Act 1988 (Cth) and its associated Privacy Principles when collecting and handling your personal information.

LIU collects personal information in order to provide insurance services and products and for ancillary business purposes and FHCS collects personal information in order to provide claim assessments and insurance related services. LIU and FHCS may pass personal information to third parties involved in this process such as its related companies, reinsurers, agents, loss adjusters and other service providers. We may also store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, UK, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from LIU and FHCS. If you do not provide the personal information LIU, FHCS or other relevant third parties require to offer you specific products or services, LIU or FHCS may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how LIU or FHCS collects or handles your personal information please write to LIU's Privacy Officer at privacy.officer.ap@libertyiu.com or call +61 2 8298 5800 and/or FHCS's Privacy Officer at privacy@csnet.com.au or call +612 8256 1770..

To obtain a copy of LIU's Privacy Policy go to LIU's website (www.liuaustralia.com.au) or request a copy from LIU's Privacy Officer.. To obtain a copy of FHCS's Privacy Policy go to FHCS's website (www.fullertonhealthcs.com.au) or request a copy from FHCS's Privacy Officer.

When you give LIU or FHCS personal or sensitive information about other individuals, LIU and FHCS rely on you to provide its Privacy Notice to them. If you have not done this, you must tell us before you provide the relevant data.

Medical Authority and Declaration

I understand that by investigating my claim or by accepting proof of my claim, neither FHCS or LIU have made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to FHCS or LIU using and disclosing my personal information pursuant to their Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to FHCS's Privacy Officer.

I authorise any person or entity, including those referred to above, to provide to FHCS or LIU such personal information (including health information) as FHCS or LIU in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and cooperation to FHCS in the assessment of my claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, FHCS or LIU may not be able to process or assess my claim.

I appoint FHCS to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Claimant:

Date:

Name of Claimant: