

Medical history authorisation by the Person to be Insured

(Must be completed)

To Doctor

I authorise any doctor, hospital, clinic and other medical or related facility, or any other person who has attended me, to provide Suncorp Life & Superannuation with any information with respect to any sickness, injury, consultation, tests (including genetic test(s)), prescriptions or treatment and copies of all hospital records.

I authorise the Medicare Australia to release to Suncorp Life & Superannuation Limited, at their request, a copy of my medical history records.

I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Name of Person(s) to be insured

Maiden name (if applicable)

Signature

Date

Signature of Person to be Insured