



Privacy Consent Form

Member Name:
(Surname) (First)

Date of Birth:/...../.....

Plan Name:

Insurance Claim

I am making a claim for

Salary Continuance

Privacy declaration

Aon is committed to protecting your personal information in accordance with the Australian Privacy Principles under the *Privacy Act 1988* (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the [Aon Privacy Notice](#). In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the [Aon Privacy Notice](#). Further information about our privacy practices can be located in the *Aon Australia Group Privacy Policy Statement*, a copy of which can also be sent to you on request by your Aon representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or our Privacy Officer through the means set out in the [Aon Privacy Notice](#).

By completing this *Privacy Consent Form* you acknowledge that:

- 1) you have read the [Aon Privacy Notice](#) and agree that we can handle any personal information (including sensitive information) you have provided to us in the manner set out in the [Aon Privacy Notice](#). This includes, but is not limited to:
 - a) making your personal information available to the insurer(s), our outsourced plan administrator (Corporate Services Network Pty Ltd ABN 30 074 864 609), legal adviser(s) and any other relevant third party in order to process this or any future claim, or for insurance renewal purposes; and
 - b) your employer and medical practitioners being contacted about your claim and any additional information received from your employer or medical practitioners being provided to the above third parties for the purposes of processing this claim.

Unless you tick here, we or any of our group of companies may be in touch by any means (including email or SMS) at any time to let you know about goods, services or promotions that may be of interest to you.

.....
Members Signature

...../...../.....
Date

Member to complete and sign above and return this form to:

Aon Group Insurance Administration
GPO BOX 4276 | Sydney NSW 2001