

# Disclosure Authority

## When should I use this form?

Complete this form if you want us to give information about your claim (this could include about your health, finances and insurance) to the representatives you list on this form.

Send your completed form to us at QSuper Insurance Operations, GPO Box 200, Brisbane, QLD, 4001.

Please complete this form in **BLOCK** letters, using blue or black ink.

### 1 Personal details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title

First name (required)

Last name (required)

Previous name<sup>1</sup> (if we know you by another name)

Date of birth (dd/mm/yyyy) (required)

Phone number

Email address

Residential address

State

Postcode

Postal address

☐

Same as residential address

State

Postcode

By signing this form, I am directing Australian Retirement Trust to give the representative/s listed on this form information about my insurance claim/s with Australian Retirement Trust and I consent to Australian Retirement Trust disclosing my personal information to my representative named in this form. They've agreed to their name, relationship to me, date of birth, and contact details being given to Australian Retirement Trust for this purpose.

The information that I am directing Australian Retirement Trust to provide to my representative is the following:

- ☐ Insurance claim information (for example: Member's statement, Employer statement, Approval/Decline/Procedural Fairness letters, etc.)
- ☐ Financial Information (for example: Payslips, PAYG records, Tax returns, Profit & Loss Statements etc.)
- ☐ Health Information (for example: Board Medical Advice, Copy of Medical Authorities, etc. can be shared if GP/Doctor declaration and authorisation is complete)
- ☐ All information about my claim (including Insurance claim information, Financial Information and Health Information)

This authority will remain in place for the duration of the claim unless revoked earlier.

<sup>1</sup> If your name has changed and you work for the Queensland Government, let your payroll office know and they will then let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.

By signing this form, I am directing Australian Retirement Trust to give the representative/s listed on this form information about my insurance claim/s with Australian Retirement Trust and I consent to Australian Retirement Trust disclosing my personal information to my representative named in this form. They've agreed to their name, relationship to me, date of birth, and contact details being given to Australian Retirement Trust for this purpose.

The information that I am directing Australian Retirement Trust to provide to my representative is the following:

- ☐ Insurance claim information (for example: Member's statement, Employer statement, Approval/Decline/Procedural Fairness letters, etc.)
- ☐ Financial information (for example: Payslips, PAYG records, Tax returns, Profit & Loss Statements etc.)
- ☐ Health information (for example: Board Medical Advice, Copy of Medical Authorities, etc. can be shared if GP/Doctor declaration and authorisation is complete)
- ☐ All information about my claim (including Insurance claim information, financial information, and health Information)

By signing this form, I am also consenting to Australian Retirement Trust collecting personal information about me from the representative/s listed on this form. I acknowledge that the information collected may include personal information, health information, financial information, and insurance information.

This authority will remain in place for the duration of the claim unless revoked earlier.

Unless you tell us you do not want us to, we will tell you each time we use your consent by phone, SMS, email or similar where possible, to ensure you know quickly.

- ☐ Tick this box if you do not want us to tell you each time this occurs.

We can accept electronic signatures. You can electronically sign this form if you:

- type your name on the form in the signature box.
- provide a digital signature by signing using software such as DocuSign or Adobe Reader or paste an image of your signature on the form.
- include your name at the foot of an email with the form attached (e.g. "Regards, Jane").
- use an electronic footer in an email with the form attached (e.g. standard email signature block at the bottom of your email that contains your name and company details, if applicable).

Date signed (dd/mm/yyyy)

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### Where to send this form

Please send your completed form to us by:

#### Post

QSuper  
GPO Box 200  
Brisbane QLD 4001

#### Email

qsuper@qsuper.qld.gov.au

## Representative 1

Name of representative

Date of birth (dd/mm/yyyy)

Phone number

Email address

Postal address

State

Postcode

- ☐ Limit access solely to the person named above  
(Leave this check box blank if you want to allow other practice staff to assist your adviser.)

Relationship (mandatory – please tick one)

- ☐ Financial adviser      ☐ Solicitor  
☐ Accountant/tax agent  
☐ Other (please give details)

## Representative 2

Name of representative

Date of birth (dd/mm/yyyy)

Phone number

Email address

Postal address

State

Postcode

- ☐ Limit access solely to the person named above  
(Leave this check box blank if you want to allow other practice staff to assist your adviser.)

Relationship (mandatory – please tick one)

- ☐ Financial adviser      ☐ Solicitor  
☐ Accountant/tax agent  
☐ Other (please give details)

## Member Centres

Visit [qsuper.qld.gov.au/membercentres](https://qsuper.qld.gov.au/membercentres)  
for locations

## Member Services team

**Phone** 1300 360 750  
**Overseas** +61 7 3239 1004  
 Monday to Friday 8.00am – 6.00pm (AEST)

**Postal address** GPO Box 200, Brisbane QLD 4001  
**Email** [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)  
**Fax** 1300 242 070  
**Website** [qsuper.qld.gov.au](https://qsuper.qld.gov.au)

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