

Member Number:

Member Name:

Address:
.....

Contact number: () **Email:**

How to complete the form:

- Main member to complete Section A of this form nominating the level of authority for the third party.
- Third party nominee to complete Section B if nominated with full or read only authority.
- Third party nominee/s to complete Section C if nominated with financial authority.

Westfund cannot discuss your membership with anyone without your permission. This form authorises a nominated third party to act on a member's behalf in relation to their membership. The levels of Authority that can be nominated are:

Full authority – give third party full access to your membership, the third party will be able to make changes to the level of cover (including cancellation), make claims and enquiries and change membership details. This authority includes information about me and my dependants (if applicable). This authority means the third party has the same permissions as the main member except for being able to authorise other third parties.

Read only authority – give a third party 'read only' access to your membership. The third party will be able to submit claims and enquire about details of your policy, however has no authority to make changes to your membership. This authority includes information about me and my dependants (if applicable).

Financial authority – to be nominated in the instance your employer is paying for your membership. This authority gives a third party access to the financial details of your membership. This information is limited to payment status of the membership including frequency of payments and premium amount, updating direct debit payment information and cancellation of membership payments.

Section A

I authorise the third party, as nominated in Section B or C of this form, the below level of authority to my membership (authority level defined above):


- Full authority**
- Read only authority**
- Financial authority**

I understand that this form and the information it contains may be used by Westfund to manage the personal information that it holds about me and my dependants (if applicable).

I know that I can gain access to my information and that my information may be disclosed to the person I have authorised as defined by the authority level.

I understand that this authorisation is enduring unless withdrawn by myself or the third party by notifying Westfund in writing or by recorded confirmation over the phone. I understand in the instance where my employer is paying for my membership, without this authority my employer will not be able to subsidise my private health insurance with Westfund.

I declare the information I have provided is correct and I understand there are penalties for giving false or misleading information. I have read and understood Westfund's Privacy Policy.

Signature:  Date: / /
Day Month Year

Privacy Statement

Our Privacy Policy contains information about use and disclosure of personal information, how you may access and seek correction of your personal information, how you may make a complaint about privacy, and how we will respond to your complaint. Westfund's Privacy Policy is available on our website www.westfund.com.au and at any of our Care Centres.

Section B To be completed by third party where nominated full or read only authority.

If you are an employer of the member outlined in Section A, please complete the details under Third Party Details (employer) and sign the declaration. For all other third parties, please complete details under Third Party Details (other) and sign the declaration.

Third Party Details (other)

Full name:

Date of birth: Relationship to member:

Address:

Contact number: () Email:

Third Party Details (employer)


Full name:

Email: Contact number: ()

Address:

Company and position title:

I understand by completing this form I will have authority on the membership outlined in Section A.
I understand that my information will be held on the membership and will be used to confirm my identity when dealing with Westfund.
I understand I can revoke my authority at any time by notifying Westfund in writing or by recorded confirmation over the phone.
I declare the information I have provided is correct and I understand there are penalties for giving false or misleading information.
I have read and understood Westfund's Privacy Policy.

Signature:  Date: / /
Day Month Year

Section C To be completed by third party (employer) where nominated for financial authority.

Third Party Details

Full name (Person one):

Email:

Contact number:

Company & position title:


Full name (Person two):

Email:

Contact number:

Company & position title:

I understand by completing this form I will have financial authority on the membership as outlined in Section A.
I declare the information I have provided is correct and I understand there are penalties for giving false or misleading information.
I have read and understood Westfund's Privacy Policy.

Signature:  Date: / /
Day Month Year