

KickStart Consent Form

Authority to collect and disclose personal information

This form allows us to collect and disclose personal information so we can better understand your illness or injury and support you with your recovery and return to work. Your consent allows us to understand your situation by obtaining information directly from you, your treating doctor and (if needed) other third parties, including your employer.

Please read this information carefully, and sign where indicated.

How to provide your consent

We want to make it as easy as possible for you to provide your consent. To do so, we can receive your consent by email or post.

The type of information we'll request

- Personal information, such as your name, date of birth, address and contact details.
- Health information, such as your medical condition and treatment plan.
- Information about your job, such as your work duties.
- Lifestyle, such as if you smoke and any recreational activities you regularly take part in.

How we'll use this information

We'll work with your treating doctor to understand your treatment plan, and with your employer to help facilitate your return to work. Our aim is to assist you both with your recovery, and your return to work, and any third parties involved in your case will be engaged for this purpose.

We may also use this information to help in our assessment should you need to claim on your Acenda policy.

Who we might obtain information from and disclose information to

- Your treating doctor (ie your GP or specialist).
- An Acenda recovery and wellness partner provider (such as a physiotherapist or rehabilitation provider) to assist with your illness or injury, or help create your return-to-work plan. These partner providers can be people who have previously or are currently aiding you.
- Your employer. (This will strictly be to discuss opportunities for you to return to work. No medical information will be shared with your employer without your additional verbal consent.)

1. Declaration and consent

By signing this form, I consent to and agree that:

1. Nippon Life Insurance Australia and New Zealand Limited may collect, store and disclose my personal, health and medical information, as described in this consent form;
2. My treating doctor may supply Nippon Life Insurance Australia and New Zealand Limited with full particulars of my medical history that are relevant to the current injury or illness, including copies of hospital or medical records, referral letters, reports and details of any clinical notes they have made;
3. Nippon Life Insurance Australia and New Zealand Limited may provide copies of any reports/information it holds about me to third-party benefit providers it deems appropriate to assist in my recovery. This can include, but is not limited to, other insurers or government departments (including workers' compensation insurers, or similar benefit providers);
4. A third-party benefit provider which holds reports/information that is relevant to the current injury or illness may provide this to Nippon Life Insurance Australia and New Zealand Limited where the third-party benefit provider deems it appropriate to assist in my recovery;
5. Nippon Life Insurance Australia and New Zealand Limited may provide copies of this consent form to third parties, which may include, but is not limited to, treating doctors, medical specialists, rehabilitation providers or claims assessors, for the purpose of seeking information or an independent report, or to any other person which Nippon Life Insurance Australia and New Zealand Limited deems necessary to assist with my case, and
6. A photocopy of this authority is valid as the original.

By signing this form, I understand that:

1. Nippon Life Insurance Australia and New Zealand Limited issues policies of life insurance.
2. Any information Nippon Life Insurance Australia and New Zealand Limited obtains through the KickStart program may be used and considered by Nippon Life Insurance Australia and New Zealand Limited in the event I make a claim under a policy issued by Acenda.

Name

	Date (DD/MM/YYYY)					

2. Send us your form

Please send your signed and dated form by either:

Post

KickStart Team
Acenda
PO Box 23314
Docklands VIC 3008

Email:

kickstart@acenda.com.au

Phone:

Call us on 1300 125 246

If you need help

If you have any questions, please call us on **1300 125 246** Monday to Friday between 8.30am and 6pm (AEST/AEDT) or visit **acenda.com.au**

Insurance is issued by the Nippon Life Insurance Australian and New Zealand Limited ABN 90 000 402 AFSL 230694 trading as Acenda (the Insurer). The Insurer is part of the Nippon Life Group. Any reference to 'Acenda', 'we', 'us' and 'our' means the Insurer.