

Medical Evidence Authority

TOWER Australia Limited
ABN 70 050 109 450 AFSL 237 848

Reference No.

Name of life
to be insured

Date of birth

DD/MM/YYYY

Dear Doctor,

I have applied to TOWER Australia Limited (TOWER) for insurance and a medical report from your practice is required. Until this report is received by TOWER my application for insurance cannot proceed.

I have agreed that any Medical Practitioner or any other person who has been or may be consulted by me at any time in the future whether named by me or not shall be and is hereby authorised and directed by me to divulge to TOWER, any legal tribunal or any third party engaged by TOWER all medical or surgical information acquired with regard to myself.

A photocopy or facsimile of this authority shall be considered as valid as the original. I should be grateful if you would attend to this matter as soon as possible.

PRIVACY STATEMENT

Privacy laws are designed to protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Policy available at www.toweraustralia.com.au. If you have any questions regarding your privacy or would like to obtain a copy of our Privacy Policy please contact our Privacy Officer.

Signature of life
to be insured

Date

Please return the completed form to:

TOWER Australia Limited

PO Box 142
Milsons Point NSW 1565

80 Alfred Street
Milsons Point NSW 2061

Telephone: (02) 9448 9000

Fax: (02) 9465 2065

Customer Service: 1800 666 136

Email: groupriskadmin@toweraustralia.com.au
www.toweraustralia.com.au