

CIPL Consent to Exchange Personal Information



Please return this completed form to:

Email: enquiries@bert.com.au | Fax: 07 3832 3799 | Post: PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

Completing this form will enable CIPL to liaise with organisations in relation to a CIPL claim or potential CIPL claim.

MEMBER DETAILS

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms										
Given name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Street address	<input type="text"/>														
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Postal address (Write 'AS ABOVE' if same as Street address)	<input type="text"/>														
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Telephone	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>														

PRIVACY NOTICE

Construction Income Protection (CIPL) is collecting your personal information in accordance with its Privacy Policy. CIPL is committed to protecting your privacy in compliance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs).

Your information will not be given to any other person unless you have given your consent, or we are authorised or required by law.

For more information on privacy, to view our Privacy Policy, or make a complaint visit our website at www.cipq.com.au

AUTHORITY AND DECLARATION

I authorise any doctor, health authority, allied health provider, rehabilitation provider, or other insurer to disclose to CIPL and its agents any information about my medical history relevant to my CIPL Claim or potential CIPL Claim.

I consent to CIPL communicating with Total Claims Solutions Pty Ltd, or its representatives, QBE Insurance (Australia) Limited or its representatives, my employer and medical and allied health providers in relation to my CIPL claim or potential CIPL Claim

I declare that to the best of my knowledge all information given on this form is true and correct.

Member to sign here

Date

PLEASE NOTE: CIPL is the administrator of the Accident and Illness insurance program. The insurance policy is arranged by Windsor Management Insurance Brokers and distributed by CIPL. CIPL does not manage or process claims. All claims are managed and processed by Total Claims Solutions, who has been appointed as claims manager of QBE (Australia) Limited. CIPL does not give any advice in relation to the Insurance program.



If you require assistance please call CIPL on 1300 261 114.



Or email us at enquiries@cipq.com.au