

Group Major Illness

Medical Information Questionnaire – Treating Medical Specialist Paraplegia

To be completed by the claimant's treating medical specialist.

This questionnaire is designed to obtain information in relation to a claimant who has suffered an injury resulting in paraplegia.

If there is a cost associated with the completion of the form, it is the responsibility of the claimant.

1 Claimant's details

a. Surname (Family Name)

b. Given name/s

c. Date of Birth / /

2 History

a. How long have you known the claimant? years months

b. Are you the claimant's usual treating specialist? Yes No

c. Has the claimant been diagnosed with this condition, or any contributing symptoms previously? Yes No

If 'Yes', when? / /

3 Details of the claimant's Major Illness

The following question is designed to assist us in the assessment of the claimant's insurance claim for Major Illness Benefits. It is important that you provide detailed answers to assist us in our assessment.

a. Please advise whether the claimant has suffered the permanent and total loss of use of both legs resulting from disease, illness or injury of the brain or spinal cord. Yes No

b. Please provide a copy of any pathological or radiological reports.

4 Declaration

I hereby declare that the above statements are true and correct.

Signature of Doctor / Specialist / Consultant	Date
X	/ /

Name

Address

Qualifications

Telephone number Email

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

Please send your completed form to:

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