

Group Risk Insurance Treating Specialist Report – Terminal Illness Benefit



The patient is responsible for any costs involved in completing this form.

Policy number

Policy name

1 Patient's details

Title _____ Surname _____
Given names _____ Date of birth / /
Address _____ State Postcode

2 Diagnosis

Diagnosis _____
Date of diagnosis / / When did symptoms first appear? / /
Name of doctor who diagnosed condition _____
Address _____ State Postcode
Clinical factors on which diagnosis was made

History given on presentation

Other significant medical history known to you

3 Consultation

Date you first attended the patient / /

Name of hospital attended

Period of hospitalisation – Date admitted / / Date discharged / /

Type of treatment performed

Specialist's name

Address State Postcode

Name of referring doctor

Address State Postcode

Please provide details of any other doctor the patient has consulted in relation to this condition

4 Treatment and prognosis

Date treatment commenced / /

Please provide details of treatment undertaken to date and the outcomes

Please describe patient's capacity in terms of the Kamofsky Index of Performance or ECOG Scale

Is the patient likely to pass away within 12 months? Please specify life expectancy in months

Please advise the clinical data upon which your prognosis is made

5 Evidence of diagnosis

Please attach a copy of any information that supports the diagnosis including results of any investigations or tests.

6 Additional information

.....
.....
.....
.....
.....
.....

7 Declaration

I declare that, to the best of my knowledge, the information provided is true, correct, and complete.

Name Qualifications

Address State Postcode

Contact number Facsimile

Signature	Date
X	/ /

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:

**Zurich Australia Limited
Group Risk Insurance
Locked Bag 994
North Sydney NSW 2059**

or Email: grouprisk.claims@zurich.com.au
For more information, please contact Group Risk Claims:
Phone: 131 551
Fax: 02 9995 3732