

Medical release authority

Authorisation to release medical details to Unified Healthcare Group Pty Ltd, as agent for Zurich Australia Limited.

Application/policy number (if known)



Policy type: Wealth Protection Active Sumo FutureWise

Dear Doctor

I authorise you to release details of my personal medical history to Unified Healthcare Group Pty Ltd (UHG) who act as agents on behalf of Zurich Australia Limited ABN 92 000 010 195 (Zurich), or directly to Zurich.

A photocopy (or similar) of this authorisation is as valid as the original.

Mr Mrs Ms Miss Other

Surname

First name

Maiden/former name

Male Female

Date of birth / /

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to life.newbusiness@zurich.com.au