



Australian Government



Authority to Release Personal Information Insurance or Superannuation Matter

Purpose of this form

This form is to obtain your consent for Centrelink to provide certain information about you, to a third party (i.e. your legal representative, superannuation fund or insurer), in relation to your insurance or superannuation matter. Third parties who meet certain criteria may obtain your personal information from Centrelink (including electronically), with this consent.

Centrelink will provide your claim history, payment summary, earnings information, medical and Job Capacity Assessment reports (and other information relevant to your matter) for certain periods, as specified on this form.

Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

A record will be kept of your consent to disclose information. Centrelink can give your information to other persons, bodies or agencies without your permission in circumstances where Commonwealth legislation requires or authorises the disclosure.

You can get more information from the factsheet titled *Your Right to Privacy* from your local Centrelink Customer Service Centre, you can call Centrelink on **13 2594** to request a copy or go to our website at **www.centrelink.gov.au**

1 Your name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Your date of birth

/ /

3 Your Customer Reference Number (if known)

- - -

4 Your postal address

Postcode

5 Third party details

Name

Address

Postcode

Reference number

6 Complete each item you are consenting to release.

Type and amount of Centrelink payments

for the period by Fortnight OR Financial year
from to
 / / / /

Details of earnings from employment for the period

from to
 / / / /

All medical and Job Capacity Assessment reports

OR for the lesser period
from to
 / / / /

Other

7 I give my consent for Centrelink to provide my personal information to the third party indicated on this form (including electronically).

Your signature

Date
 / /

Return this form to the third party indicated at question 5.



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