

FAX TO: WorkComp Insurance Advisers Network Pty Ltd
ATTENTION: Linda Smith
FAX NUMBER: (03) 9347 7572
FROM (Employer): _____

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Re: Appointment of WorkCover Insurance Advisers – Employer’s Authorisation

I hereby authorise the employer representative listed above to request and receive information relevant to our claim and policy details.

I declare the employer representative listed above has agreed to comply with all privacy obligations that apply to (Employer): _____

Employer Representative’s Privacy Agreement

WorkComp Insurance Advisers Network Pty Ltd agrees to:

- Comply with all privacy obligations that apply to the employer representative.
- Comply with all privacy obligations that apply to the above employer whether under the National Privacy Principles set out in the Privacy Act 1988 (Cth), the Information Privacy Principles set out in the Information Privacy Act 2000 (Vic) and/or the Health Privacy Principles set out in the Health Records Act 2001 (Vic), even if the obligation does not otherwise apply to the employer representative.
- Only use and disclose personal information for the purpose of managing the claim identified above and not for any other purpose.
- Take all reasonable measures to ensure that personal information is protected against loss, unauthorised access, use, modification, disclosure or other misuse and that only authorised personnel have access to such personal information.
- Comply with any lawful direction of the employer in relation to any privacy obligation.

We are aware that WorkComp Insurance Advisers Network P/L and Armbro Insurance Brokers P/L may receive a fee directly from our WorkCover Agent, for the value added services they provide to us, as they ensure we receive timely and accurate WorkCover Services.

Employer Name: _____

Employer Address: _____

Employer Phone: _____ **Employer Fax:** _____

Current WorkCover Agent: _____ **WorkCover
Employer No:** _____

Email Address: _____

WE WISH TO: CONTINUE WITH THE ABOVE / **TRANSFER TO:** _____

NAME: _____ **SIGNED:** _____

POSITION: _____ **DATE:** _____

Kindly complete and return immediately to us on the above fax number.