Medical Practitioner
Application and Proposal

MDA National
Support Protect Promote

Application for Membership of MDA National Limited and Proposal for Professional Indemnity Insurance.

Thank you for your application. By completing this form, you are applying for Membership of MDA National Limited (MDA National) ABN 67 055 801 771 and a Professional Indemnity Insurance Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073.

In this form "we", "our" and "us" means MDA National and/or MDA National Insurance and "you" and "your" means the person seeking Membership and insurance. It is important that you ensure that this application and insurance proposal is accurate and complete. The information requested in this form is used by us for the purpose of considering you for Membership and deciding whether or not to insure you and, if so, on what terms. If there is insufficient room on the application, please provide your answer on a separate attachment. Failure to disclose material information relevant to our decision to accept your Membership and the terms of insurance could invalidate the Membership and insurance contract. If you have any doubt as to whether any information is relevant, it should be disclosed.

Please answer all questions in this form to enable us to review your application, and read the Important Notice on Page 7 before completing this form.

1. Personal Details — **PLEASE PRINT IN BLOCK LETTERS**

First name(s)

Surname

Middle name(s)

Other names by which you are or have been known (including maiden names)

Sex ◯ Female ◯ Male ◯ Other

Date of birth DD / MM / YYYY

Postal address

Suburb

State

Postcode

Practice name and address (if different to Postal address)

Suburb

State

Postcode

Mobile

Telephone ( )

Primary email address

Secondary email address (optional)

We are interested to know what prompted you to apply for Membership and insurance with MDA National?

☐ Customer service ☐ Policy coverage ☐ Member benefits ☐ Recommendation by colleague or employer ☐ Medico-legal expertise

☐ MDA's reputation ☐ Competitive premium ☐ Unable to obtain cover with another insurer ☐ Unhappiness with current insurer

☐ Other

Have you been referred by a Broker? ◯ NO ◯ YES

If **YES**, please provide the name of the Broker and organization.

2. Policy start date

2.1 If approved, your Policy will start from the date we receive this application form unless you request a later start date. Cover for prior practice can be completed under the Prior practice section.

Do you want the Policy to start at a later date? ◯ NO ◯ YES

If **YES**, please specify the date. DD / MM / YYYY

3. Current practice

3.1 Which term best describes your practice? (Please select one)

◯ Private practice only ◯ Employer indemnified/public hospital (no private practice) ◯ Combination of private and public practice

3.1.1 How many hours per week on average do you undertake private practice?

3.2 Please advise your specialty and all fields of practice for which you require indemnity.

Please refer to the current Risk Category Guide to select the category that covers all areas of practice for which you require indemnity cover. If you are unsure of which category to select, please contact our Member Services team on 1800 011 255.

Principal specialty or Field of Practice (Please refer to the Risk Category Guide for a listing of the various Specialities as listed in the Risk Category Guide)	**Estimated Gross Annual Billings*** (not your salary)	**Position held within hospital (if applicable)** e.g. Staff Specialist, Registrar, VMO	**Please state whether you have access to indemnity for this work from any other party?** (e.g employer, public hospital)

*Gross Annual Billings are the total billings generated by you from all areas of your practice for which you require indemnity from us within the financial year. This is whether the funds are retained by you or not, and before any apportionment or deduction of expenses and/or tax. This includes work performed in your name or work for which you are personally liable, including but not limited to Medicare benefits, payments by individuals, payments by the Commonwealth Department of Veteran's Affairs, workers' compensation schemes and third party and/or insurers. It also includes income received from other healthcare services provided by you such as professional fees, writing articles, incentive payments and overseas work for which we have agreed to extend indemnity under the policy. You do not need to include billings or income from healthcare services that you provide in the public system for which you have access to indemnity from the public hospital's indemnity scheme or your employer. If you require assistance with calculating your Gross Annual Billings or are unable to determine your billings contact our Member Services team.

3.3 Do you provide healthcare services to public patients in a public hospital for which you are not indemnified by your employer, State or Area Health Authority?

◯ NO ◯ YES

If **YES**, and you require indemnity from us for this work, please provide us with the nature of the work you undertake by completing the Treatment of Public Patients form and returning it to us with your application. Please note that gross annual billings or income derived from such work will need to be declared and an additional premium may be required if an extension is granted. This form is available on our website mdanational.com.au or by contacting our Member Services team on 1800 011 255.

3.4 Do you currently or do you intend to provide healthcare services via telehealth where either you or your patient(s) are located outside of Australia?

◯ NO ◯ YES

3.4.1 If you have answered Yes to the above question please advise:

a) In which country will you be located?

b) In which country will your patient be located?

c) Please provide an estimate of the period that you or the patient will be located outside Australia.

d) Is there an existing doctor patient relationship? ◯ NO ◯ YES

3.4.2 Please select the relevant formats for how you deliver healthcare services via telehealth:

☐ Telephone ☐ Video ☐ SMS (Text-based) ☐ Online/email

3.4.3 Do you have ongoing access to indemnity for this work from any other party (such as your employer or public hospital)?

◯ NO ◯ YES

3.5 Do you provide any healthcare services that would be considered non standard for your specialty?

◯ NO ◯ YES

If you are undertaking any of the following please select and describe the services provided. If **NO** skip to Question 3.6

☐ Prescribing of peptide hormones, growth factor analogues and growth factor releasing hormones

☐ Prescribing of anabolic agents or human growth hormone

☐ Stem cell therapy

☐ Undertaking female vaginal rejuvenation or cosmetic labiaplasties as a General Practitioner

☐ Bio-identical hormone therapy

☐ Prescribing medical cannabis at a medical cannabis clinic

☐ Undertaking consultations or initial prescribing via SMS/email/online, where there is no face to face, video or phone consultation

☐ Undertaking surgical cosmetic procedures when you are not a Fellow of the Royal Australian College of Surgeons or equivalent

☐ Assessing patients under the age of 18 to be suitable for medical gender transition as part of your private practice

☐ Initiating prescribing of cross sex hormones for patients under the age of 18 in a private setting

☐ Prescribing compounded semaglutide

Other

3.5.1 Do you have access to indemnity for this work from any other party? (i.e. employer or public hospital). ◯ NO ◯ YES

3.5.2 Gross Annual Billings (not your salary) derived from this work. $

3.6 Do you derive any income from social media or any other online enterprise? If Yes, please provide details. ◯ NO ◯ YES

Cosmetic, Obstetric and Surgical procedures

The next section relates to Cosmetic, Obstetric and Surgical procedures. Please select **NO** if these procedures do not form part of your practice.

3.7 Do you perform any cosmetic# procedures? ◯ NO ◯ YES

If **YES**, please describe the nature and extent of your cosmetic practice. Please outline your Gross Annual Billings derived from this work.

#Cosmetic procedures are those where the primary purpose is the alteration of the external appearance of a patient for non-pathological reasons.

3.8 Are you involved in obstetric practice? This includes:

- private practice as a specialist Obstetrician? ◯ NO ◯ YES
- private practice as a GP Obstetrician? ◯ NO ◯ YES
- other practice where you are engaged in the planning and/or management of labour and/or delivery? ◯ NO ◯ YES

If you only have a shared care arrangement in place please select **NO**.

3.9 Do you undertake any spinal surgery in a private capacity (non employer indemnified setting)? ◯ NO ◯ YES

4. Temporary practice in Australia

4.1 Are you visiting or working in Australia for a period of less than 12 months? ◯ NO ◯ YES

If **YES**, please state your last day of practice to assist with assessing run-off cover requirements. DD / MM / YYYY

4.2 Are you working in Australia on a visa? ◯ NO ◯ YES

If **YES**, please indicate which visa applies. ◯ 422 ◯ 457 ◯ temporary visa allowing medical practice in Australia

5. Prior practice

To ensure you have ongoing cover for your prior practice we will offer you retroactive cover.

Retroactive cover provides indemnity cover for your prior practice in respect of matters that you first become aware of during the period of insurance. If you do not have sufficient retroactive cover, you may have to fund a claim or investigation personally including a settlement or award and all associated legal costs.

Medical indemnity claims can first come to light some years after a patent is treated or when the healthcare services are provided. It is advisable that you give full consideration to your own circumstances and indemnity needs when completing this section.

5.1 When did you or will you first commence practice in Australia?

Please provide the earliest date that you started any medical practice in Australia for which you do not have ongoing cover from any other source such as a public hospital, the government or your employer. DD / MM / YYYY

5.2 Please provide details of your previous practice.

Previous years/period	Specialty or field(s) of practice	Position/Title held within hospital (if applicable) e.g. Staff Specialist, Registrar, VMO	Please state whether you have access to indemnity for this work from any other party? (e.g employer, public hospital)	Gross Annual Billings* (not your salary)

*Please refer to the explanation of Gross Annual Billings at question 3.2.

5.3 Since your first date of practice in Australia, have you been involved in Obstetric or Cosmetic# practice?

◯ NO ◯ YES

If **YES**, please provide the details.

Procedures undertaken	Estimate of Gross Annual Billings* (not your salary) derived from the work	Relevant years/period

*Please refer to the explanation of Gross Annual Billings at question 3.2. #Refer to the definition of Cosmetic practice included in question 3.5.

5.4 Has there been any period of non-practice in Australia (in the private sector)?

◯ NO ◯ YES

Relevant years/period	Reason for non-practice

6. Qualifications and registration

6.1 Please list your medical qualifications obtained in Australia or overseas.

Qualification awarded	University/college/institution	Country	Year awarded

6.2 Are you currently enrolled in an accredited training program recognised by the Australian Medical Council (AMC)?

◯ NO ◯ YES

If **YES**, please specify the details in the table below.

Notes: This includes participation in the Remote Vocational Training Scheme or ACCRM Independent pathway to obtain Fellowship of the RACGP or ACCRM.

If you have already received an initial Fellowship recognised by the AMC please provide details of that qualification in the table above.

Name of training program	Medical College	Training Start Date	Intended completion date	Qualification to be awarded
		DD / MM / YYYY	DD / MM / YYYY	
		DD / MM / YYYY	DD / MM / YYYY	
		DD / MM / YYYY	DD / MM / YYYY	
		DD / MM / YYYY	DD / MM / YYYY	

6.3 Are you working in an unaccredited training position in a public hospital setting? ◯ NO ◯ YES

This question only applies if you are not currently in an accredited program recognised by the AMC.

Please provide the training start date. DD / MM / YYYY

6.4 Are you currently completing any Australian Medical Council (AMC) assessment or recognition pathway? ◯ NO ◯ YES

If **YES**, please specify the component or pathway and the completion date or intended completion date below.

AMC assessment pathway*

Completion date/intended date of completion

Competent Authority Pathway

DD / MM / YYYY

Standard Pathway

◯ CAT MCQ examination DD / MM / YYYY

◯ Clinical examination or ◯ Workplace based assessment DD / MM / YYYY

Level of supervision

Specialist pathway DD / MM / YYYY

Other — please specify DD / MM / YYYY

*For further information on AMC Assessment Pathways, please refer to amc.org.au.

6.5 Please provide your registration details in Australia and overseas (if applicable).

Country of registration	Registration number	Registration type (only relevant for Australian registration)	Date first registered	Date of expiry
			DD / MM / YYYY	DD / MM / YYYY
			DD / MM / YYYY	DD / MM / YYYY
			DD / MM / YYYY	DD / MM / YYYY

6.6 Have you ever been refused registration, deregistered or suspended from practice as a medical practitioner in Australia or overseas, whether as a result of a disciplinary proceeding or otherwise? ◯ NO ◯ YES

If **YES**, please provide full details on a separate attachment.

6.7 Do you currently have, or have you ever had, conditions, undertakings, cautions, reprimands or notations placed on your registration, including any restrictions placed on your practice in Australia or overseas? ◯ NO ◯ YES

If **YES**, please provide a copy of these conditions.

7. Indemnity history

7.1 Have you ever been a member of a Medical Defence Organisation (MDO), (including MDA National) or held a Professional Indemnity Insurance Policy? ◯ NO ◯ YES

If **YES**, please provide details of your previous MDO(s) or insurer(s) for the last 10 years in the table below.

Name of organisation/insurer	Date from	Date to	Retroactive date on previous Policy
Avant	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
MDA National	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
MIGA	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
MIPS	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
TEGO	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Indemnity through State or Public Hospital	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Other (Please specify)	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

Note: If you have previously held indemnity with another insurer, we will require your cases history or letter of good standing. If you have this available please attach with this application. If you are unable to provide this with the application we will seek this information from your previous insurer.

7.2 Have you ever been refused Membership of an MDO or been refused professional indemnity insurance or had your insurance or Membership cancelled or not been offered renewal? ◯ NO ◯ YES

If **YES**, please provide the details on a separate attachment including the reasons for the decision.

7.3 Has any MDO or Medical Indemnity Insurer ever imposed any non-standard terms or conditions on your practice or professional indemnity policy? This includes any excesses, premium loadings or risk surcharge, restrictions of cover or requirement that you participate in a risk management program. Please answer YES if you have been advised of or have such requirements, terms or conditions imposed on your current or future indemnity policy or practice. ◯ NO ◯ YES

If **YES**, please provide the details of the non standard terms or conditions on a separate attachment.

7.4 Have you ever practised without professional indemnity insurance in Australia? ◯ NO ◯ YES

If **YES**, please outline the period you did not hold indemnity and the reasons.

Date from	Date to	Reason
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	
DD / MM / YYYY	DD / MM / YYYY	

8. Claims, complaints, investigations or other proceedings

Understanding your medico legal case history is essential to us in making decisions about offering you cover. When answering the questions below, you should include all martters whether occurring in Australia or overseas, whether the matter was pursued or not and whether or not the matter has been finalised. If you answer Yes to any of the questions please provide details on a separate attachment.

If you are unsure whether a matter is relevant please disclose it to ensure you comply with your duty of disclosure.

8.1 Have there ever been any claims made or threatened against you or a current or former employer arising from something you did or didn't do in connection with the practice of medicine or not? ◯ NO ◯ YES

8.2 Have you ever had any complaints made or threatened against you arising from your provision of healthcare services, whether they have been investigated or not? ◯ NO ◯ YES

8.3 Have you ever:

a) been involved in a dispute with a Medical College in relation to a training program? ◯ NO ◯ YES

b) had your rights to practise at a hospital or health service restricted, suspended or terminated? ◯ NO ◯ YES

8.4 Have you ever:

a) been involved in a dispute with an employer, employee or hospital arising from an employment contract? ◯ NO ◯ YES

b) been the subject of a defamation claim or pursued a claim for defamation or sought legal remedy in response to potential defamation? ◯ NO ◯ YES

8.5 Have you ever been the subject of any investigation, complaint, disciplinary or other proceeding, including but not limited to any arising out of or connected with your study or practice of medicine, your health or fitness to practice, your conduct as a medical practitioner or student, or your billings practices? ◯ NO ◯ YES

Such proceedings may have been instituted by an employer, a registration board, Medicare, Professional Services Review Committee, Coroner or other statutory, academic or professional body which includes within its purposes the investigation of such matters.

8.6 Have you ever been arrested or had criminal charges made against you in any jurisdiction whether or not the arrest or charge relates to your practice of medicine? ◯ NO ◯ YES

For the purposes of this question please disregard traffic or minor motor vehicle licensing offences.

8.7 Have you ever been the subject of a claim or investigation relating to alleged breaches of the *Trade Practices Act 1974* (Cth) or the *Competition and Consumer Act 2010* (Cth) or any equivalent or other State, Territory or jurisdiction's fair trading legislation arising from or in connection with your practice of medicine? ◯ NO ◯ YES

If you are aware of any circumstances which may result in a claim, complaint, investigation or inquiry, please ensure that you notify your current insurer prior to submitting this application.

If you have answered **YES** to any question in this section, please provide a detailed description of each matter on a separate attachment. For questions relating to claims, circumstances, inquiries or investigations please include in this description:

- whether the matter was notified or dealt with by an MDO or insurer and, if so, which organisation
- the date of the incident
- a brief summary of the matter and the relevant details (please do not identify the patient in any way)
- your involvement in the matter
- details of any legal or indemnity payments made, if you are aware of this
- the outcome if known (if unknown, please state the last know status)

PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS PROPOSAL

As indicated above, if you have previously held indemnity with another insurer, please provide your claims history or letter of good standing.

9. Premium Support Scheme (PSS)

9.1 Do you want to participate in PSS? ◯ NO ◯ YES

If **YES**, please complete the **PSS form**.

10. IMPORTANT NOTICE

To have a thorough understanding of the cover provided under your Policy please read the following information in conjunction with the current *Combined Risk Category Guide, Product Disclosure Statement , Policy wording and Financial Services Guide and any relevant Supplementary PDS and Endorsement to the Policy wording* available on mdanational.com.au.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to Insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Claims made cover

The Professional Indemnity Insurance Policy is a claims made contract of insurance. This means that the policy responds to matters that have occurred on or after the retroactive date you first become aware of and notify to us in writing during the period of insurance.

Requirement to notify us

You must notify us in writing as soon as practicable of any material alteration of the risk during the period of insurance including any material change in:

- the nature of the healthcare services provided by you; or
- the risk category or billings bands you have previously declared.

You must also notify us as soon as practicable after you become aware of:

- any claim, investigation or inquiry;
- any circumstance that might lead to a claim against you or to an investigation or inquiry involving you;
- any other matter which might give rise to a claim for indemnity under this Policy.

Rights under section 40(3) of the *Insurance Contracts Act 1984* (Cth)

If you have a Policy with us and you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts, but before the expiry of the period of insurance, you may have rights under section 40(3) of the *Insurance Contracts Act 1984* (Cth) to be covered in respect of any claim subsequently made against you arising from those facts even though the claim is made against you after the expiry of the period of insurance. These rights arise under the legislation only and are not terms of this contract of insurance.

Privacy

We collect, hold and use personal information in order to conduct our business of providing assistance, medico-legal advice, education services and insurance. If personal information we request is not provided, we may not be able to supply the relevant product or service to you.

Any information you provide will be held and used by us, and any third parties who assist us in providing these products and services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy which is provided on our website.

Personal information is also used by us to administer government schemes such as the Premium Support Scheme and Run-off Cover Scheme.

We may disclose personal information to third parties located outside Australia including, but not limited to, information on claims, cases and insureds to reinsurers, brokers and others who assist us to manage or administer our business.

We take reasonable steps to ensure that such recipients respect your privacy by abiding by equivalent privacy laws and act in a manner consistent with Australian Privacy Principles contained in the Privacy Act 1988 (Cth).

Payments

All monies received will be paid into an Australian bank account and held in trust on your behalf until we agree to accept your proposal. If we do not accept your proposal, all monies will be refunded to you.

We are entitled to the interest earned on this bank account. Your Membership Subscription is collected on behalf of MDA National Limited and will be allocated accordingly.

11. Third party disclosure authority

This section allows you to provide authority to a third party/parties to your Membership and Policy information. Nominated third party/parties will have access to your Certificate of Currency, which confirms your indemnity cover including any non-standard terms that have been issued (if applicable). Any Authorised Person you nominate will be able to act on your behalf in relation to your Membership and Policy, depending on the level of authority that you provide. This authority will only apply if your application and proposal is accepted.

Please select from the following options. If you do not wish to provide authority to a third party at this stage please move to Question 12.

11.1 I authorise MDA National Insurance Pty Ltd to provide a copy of my Certificate of Currency to:

◯ the following Hospital/Practice(s) (please provide full name and address):

OR

◯ any third party. This may include, but is not limited to hospitals, employer, employees, or medical boards.
It is important to be aware that by selecting this option you are authorising your Certificate of Currency to be provided to any third party.

11.2 You may authorise a person to access any information we hold regarding your Policy and/or to act on your behalf in relation to changing your Policy details.

I authorise MDA National Insurance to provide access to or accept instruction from my nominated authorised person, or if I select that option, any person who provides the password, as follows (please tick the appropriate box(es) below nominating your preference):

◯ Information relating to my Membership and Policy e.g. currency, field of practice

◯ Make amendments to my Membership and Policy details including contact details, field of practice and/or Gross Annual Billings

◯ Permit access to information relating to any claims, investigations and inquiries that relate to me

11.3 If you have ticked one of the boxes above please select one of the following options:

My nominated Authorised Person is:

Surname	First name	Date of birth
		DD / MM / YYYY

PASSWORD *(Limit of 8 characters)*

I authorise any person who provides the following password to be provided with the relevant information regarding my Policy.

☐☐☐☐☐☐☐☐

If selecting the password option, the password and the identity of the person is to be provided prior to MDA National Insurance Pty Ltd disclosing any of your information or accepting any instruction.

It is your responsibility to maintain the confidentiality of your password and only provide it to any person/s you authorise to act on your behalf. MDA National Insurance will not be responsible for verifying that any person using your password has been properly authorised by you to do so.

Your password can be changed at any time by contacting our Member Services team on 1800 011 255 and the authorisation will remain current until it is revoked by you.

12. Communication preference

We will be communicating information regarding your Policy and membership via email unless you expressly request for it to be sent by post.

If you wish to receive your Policy documents in the post please contact us at peaceofmind@mdanational.com.au.

Please select the method of communication for receiving information on Learning and Development and Events

◯ Email ◯ Post ◯ Do not send

13. Practice ownership

Are you a practice owner? ◯ NO ◯ YES

Would you like us to contact you about a Practice Indemnity Policy with MDA National to protect the liabilities of the entity and it's employees? ◯ NO ◯ YES

12. Application and declaration — your signature is required

I wish to apply for Membership of MDA National Limited (MDA National). I agree to be bound by the Constitution of MDA National Limited (effective 26 November 2021), including an undertaking to contribute up to $10 to its assets if it is wound up while you are a Member or within one year afterwards.

I declare that:

1. I have been provided with access to the Financial Services Guide (FSG), Product Disclosure Statement (PDS), Risk Category Guide and Policy Wording and I agree to be bound by the terms and conditions of the Policy.
2. I have read and understand the Important Notice and contents of this proposal and acknowledge that the information included in, or attached to, this form is accurate and complete.
3. I will provide evidence of my Gross Annual Billings to MDA National Insurance if requested to do so.
4. I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform MDA National Insurance of any material alteration of the risk during the period of insurance including any change in my field of practice or any material change in the nature of professional services provided by me, or the risk category or gross annual billings that I have previously declared.
5. I acknowledge that the policy (if issued) will not indemnify me with respect to:
   (a) claims that have been made against me as at the date of this proposal
   (b) claims that arise in the future from matters that I am aware will likely give rise to a claim as at the date of this proposal
   (c) any current investigation or inquiry
   (d) any future investigation or inquiry that results from a matter that has been or is currently being investigated, as at the date of this proposal
   (e) any matter reported on or with this proposal or matters that should have been reported on or with this proposal.

Authorisation and consent

6. I authorise and request any Medical Board or other registration body to release all information requested by MDA National Insurance regarding my registration as a medical practitioner, any conditions placed upon it and any complaints to, or investigations or hearings by the Medical Board or registration body involving me, whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisers, as appropriate.
7. I authorise and request my former insurer or indemnity provider to release all information requested by MDA National Insurance regarding my previous policies held by me. This includes details regarding any requests for indemnity or assistance for claims, complaints, investigations involving me whether or not there has been a final resolution, any non standard terms or conditions imposed on any previous polices held by me and any cancellation of a policy held by me, refusal to make an offer of insurance and default in my payment history. I consent to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisors as appropriate.
8. I consent to MDA National Insurance and any companies, firms or individuals who assist them in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) holding and using the information I provide, in accordance with the MDA National Group Privacy Policy.

Third party disclosure authority

9. I hereby authorise MDA National Insurance to provide the information, as stated in section 11 of this form, to any person providing my privacy disclosure password to MDA National Insurance.
10. I am aware that it is my responsibility to keep my password confidential and that MDA National Insurance will not be responsible to verify that any person using my password has been properly authorised by me to do so.
11. I may revoke this authorisation in writing at any time. I may also change my password at any time by contacting MDA National Insurance.

Please SIGN and DATE below. Email to peaceofmind@mdanational.com.au

X

DD / MM / YYYY