

6. Declaration Note

I declare the information on this claim to be true and correct. I agree to assist Australian Unity obtain all information relevant to this claim, authorise the doctors, practitioners or other relevant authorities to provide access to any records relevant to this ailment/injury to Australian Unity (including date, type of services and relevant clinical information), and consent to the release of all relevant information to a medical referee, as determined necessary by Australian Unity, for the purpose of assessment of this claim.

Signature

Date

 / /

Benefits are payable on claims submitted **no more than two years** after the date of service and only for periods during which a membership is financial (fully paid).

We handle your personal information in accordance with our Privacy Policy available at australianunity.com.au/privacy or by calling 13 29 39.



Return by post

Australian Unity Health
Reply Paid 91943, Melbourne VIC 3000
(No stamp is required)



Online

Send in an electronic claim via
Online Member Services at
australianunity.com.au/memberservices



Email

customerservice@australianunity.com.au



Apps

Download our iPhone or Android application
to submit your claim electronically.
Available on most covers.

Contact us

13 29 39
australianunity.com.au