

TERMINAL ILLNESS WAIVER REQUEST FORM

Please return this waiver request form promptly to us with all questions fully answered

1. Personal Details

Surname.....	First name
Date of birth	Loan number
Address	Suburb/Town
Telephone...()	Email

2. Medical Information Details (to be completed by or on behalf of the life assured)

What is your current diagnosis/condition?

When was the diagnosis first made? By whom?

Please detail when you first notice symptoms and what where they?

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Date you first sought medical assistance for your condition

Have you ever in the past suffered from the same, similar or related condition? Yes No

If 'Yes' please give details

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2.1 Medical Information Details - Your General Practitioner (who holds all your medical notes)

Surname.....	First name
Address	Suburb/Town
Telephone...()	Email

2.2 Medical Information Details - Your Specialist (for more than one specialist please complete on a separate sheet of paper)

Surname.....	First name
Address	Suburb/Town
Telephone...()	Email

3. Declaration and Privacy Act 1993

I acknowledge that this waiver request form collects personal information concerning me pursuant to the terms of the payment waiver terms and conditions for the purposes of evaluating my waiver request. The personal information provided in this waiver request form is collected by and will be held by Oxford Finance Limited. I have the right to access and to correct this information subject to the provisions of the Privacy Act 1993.

I authorise the use and disclosure of my personal information to Oxford Finance and others for the purposes of assessing my waiver request.

I authorise any medical practitioner/s I have consulted to provide information and documents recording my medical condition and medical history.

I declare that all statements made in this form are true and correct and that no material has been withheld. I acknowledge that if I have not answered any questions correctly, completely or faithfully, my waiver request may be declined. I acknowledge that any approved waiver amount will be applied to my loan with Oxford Finance.

Signature of Customer X Date

TERMINAL ILLNESS WAIVER REQUEST FORM cont.

4. Consent to Disclose Personal Information

If you would like Oxford Finance to release details about your and your waiver request to any other person, please provide the following details:

Your relationship to nominated person (e.g. your spouse, advisor, family member)

Their surname Their first name

Address Suburb/Town

Authorisation

Signature of Customer X Date

Full name of Customer

5. Medical Details (to be completed by the life assured's treating specialist, at the life assured's own expense)

Customer surname Customer first name

Date of birth NHI number

Address Suburb/Town

Are you the life assured's usual medical attendant? Yes No If 'Yes' for how long

a) What is the client's diagnosis/problem? Please detail:

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b) When was the diagnosis made and by whom?

c) What are the signs and symptoms leading to the diagnosis?

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d) Date the client first sought medical assistance for the claim/condition

e) Has the client ever suffered from the same, similar or related condition? Yes No

If 'Yes', please provide full details

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f) What is the current proposed treatment plan?

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g) Please give details of any other relevant treatment providers for the client

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TERMINAL ILLNESS WAIVER REQUEST FORM cont.

h) What is the prognosis of terminal illness? (including life expectancy irrespective of any treatment he/she may have received?)

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To assist with the assessment of this waiver request, please attached copies of all relevant specialist reports, clinical/hospital notes and any other supporting documents.

6. Attending Physician's Details

Surname.....	First name
Medical speciality	
Address	Suburb/Town
Telephone...()	Email
Signature X.....	Date