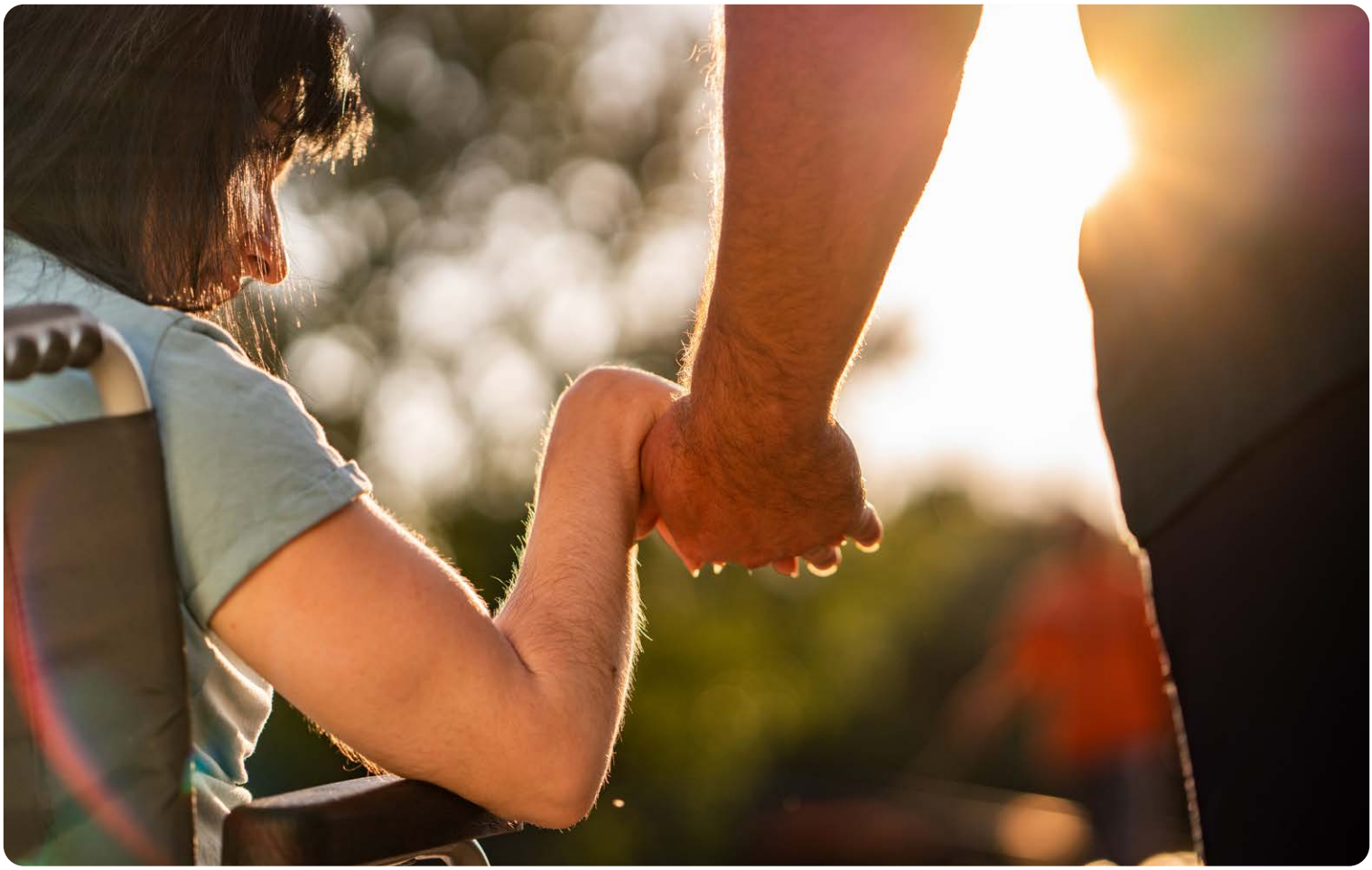
Allianz

ALLIANZ NDIS PLAN MANAGEMENT

Allianz Consent to Share Information



Overview

Sometimes the NDIS participant, or their guardian/NDIS plan nominee may wish to give consent for Allianz* to share, provide access to, and/or disclose specific information about the NDIS participant with another party (Secondary Party).

The purpose of this form is to provide consent for Allianz to share, provide access to, and/or disclose this information to a nominated Secondary Party. This information includes personal and NDIS plan information.

Examples of a Secondary Party could include the NDIS participant's partner, a parent or co-parent, sibling, guardian, support coordinator, or any other party listed on this form.

Please note, an NDIS participant or their guardian/NDIS plan nominee is under no obligation to provide consent to a Secondary Party. Further, if consent is provided, an NDIS participant or their guardian/NDIS plan nominee can at any time:

- withdraw consent provided to a Secondary Party, and/or
- vary the consent provided in relation to a Secondary Party

by contacting us at ndis@allianz.com.au or calling 13 NDIS (13 63 47).

*In this form Allianz means Allianz Australia Insurance Limited and its staff and its related companies and their staff. If information is held by organisations that Allianz's contracts with to provide NDIS services, then any consent provided under this form to Allianz will extend to such organisations.

1. Consent to Share Declaration:

Full name of NDIS participant: _____

NDIS number: _____

I, _____

(the NDIS participant or their guardian/NDIS plan nominee), consent to Allianz sharing, providing access to and/or disclosing personal and NDIS plan information to the Secondary Party/Parties nominated below for the purpose of providing access to your NDIS plan, monthly plan statements, and/or Allianz NDIS online portal.

_____

Your (NDIS participant or their guardian/NDIS plan nominee) signature

_____

Date

If I provide personal information about another person, I am authorised to do so, and I will tell them what is in this document and direct them to the Allianz NDIS Privacy Policy for further information.

2. Secondary Party that is an individual

Additional Secondary Party that is an individual (e.g. a partner, a parent or co-parent, sibling, guardian, support coordinator, or any other individual party nominated).

First name: _____

Last name: _____

Phone number: _____

Email address: _____

Relationship to participant: _____

Organisation/Company: _____

Please select the access to be given for this party:

- ☐ NDIS Plan and budget information, including invoices
- ☐ Monthly NDIS plan statements
- ☐ Access to Allianz NDIS online portal

*Only the listed individuals from this organisation/company will receive consent. For providing consent to all staff members from an organisation/company, please complete section 3 "Consent for A Secondary Party that is an organisation or company" below.

(Note: if you wish to provide a different consent to the above options please contact us to discuss)

3. Secondary Party that is an organisation or company

Completing this section will provide consent to all staff members at the organisation or company.

Name of company/organisation:

_____

ABN: _____

Relationship: _____

Phone number: _____

Email address: _____

Please select the access for this party:

- ☐ NDIS Plan and budget information, including invoices
- ☐ Monthly NDIS plan statements
- ☐ Access to Allianz NDIS online portal

(Note: if you wish to provide consent for only specific information, please contact us to discuss).

If you have any further questions regarding this Consent to Share Information form, please contact us on 13 NDIS (13 63 47) or www.allianz.com.au/ndis

Once you have completed this form electronically please email; or scan a printed form and email to ndis@allianz.com.au or send by post to Allianz Australia Limited GPO Box 4049 Sydney NSW 2001.

Do you need help with this form?

Please contact us on 13 NDIS (13 63 47) during business days Monday - Friday between 8AM to 7PM AEST or email ndis@allianz.com.au for assistance.

Allianz Australia Insurance Limited (ABN 15 000 122 850)
is a registered Plan Manager (Registration ID 4050106692).
Level 16, 10 Carrington St, Sydney, NSW 2000.

Registered
NDIS
Provider