

**CORPORATE  
SERVICES  
NETWORK**



**Liberty**  
Specialty Markets

# EXPATRIATE/ INPATRIATE MEDICAL EXPENSES

## 1. POLICY HOLDER

Employer/company \_\_\_\_\_

Policy No \_\_\_\_\_

|   |   |                      |
|---|---|----------------------|
| Last name   | First name  | Middle name initial  |
| Nationality   | Male <input type="checkbox"/> Female <input type="checkbox"/>           | Date of birth        |
| Address _____   |   |                      |
| Country   | Mobile _____  | Telephone work _____ |
| Do you consent to us communicating with you by email?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                | Email _____          |
| Have you been granted Permanent Residency in Australia? | Yes <input type="checkbox"/> No <input type="checkbox"/>                |                      |
| If yes, what date was this granted? _____               |   |                      |
| Medicare eligibility                                    | Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> |                      |

## 2. CLAIM DETAILS

| Treatment date | Description of injury/illness | Treatment    | Name/relationship | Date of birth | Currency | Claimed amount |
|----------------|-------------------------------|--------------|-------------------|---------------|----------|----------------|
| e.g. 31/1/2014 | Broken Leg                    | Consultation | Julie/Daughter    | 29/1/1998     | USD      | \$100          |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
|                |                               |              |                   |               |          |                |
| <b>Total</b>   |                               |              |                   |               |          |                |

Are these costs incurred in your home country? Yes  No

If so please provide us with the travel dates of each family member to and from your home country

If you are a citizen or resident of the United States, are you eligible for US Medicare benefits? Yes  No



Liberty Mutual Insurance Company, Australia Branch ABN 61 086 083 605; AFSL No. 530842 (for claims handling and settling services only), a company incorporated in Massachusetts, USA (the liability of members is limited), trading as Liberty Specialty Markets. Claims managed by Corporate Services Network (CSN, AR No. 001294637) as Authorised Representative of Gallagher Bassett Services Pty Ltd (AFSL No. 530867).

**3. BANK DETAILS**

|                       |              |
|-----------------------|--------------|
| Bank name             | Bank address |
| BSB (Branch)          | Account no   |
| Account holder's name | Swift code   |
| IBAN number           | Currency     |

**IMPORTANT: Itemise each expense and attach/scan your relevant invoices, receipts and prescriptions before submitting your claim. Please ensure copies are kept of all documentation**

**4. MEDICAL AUTHORITY AND DECLARATION**

I understand that by investigating my claim or by accepting proof of my claim, neither Corporate Services Network (CSN) or Liberty Specialty Markets (Liberty) have made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to CSN or Liberty using and disclosing my personal information pursuant to their Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to CSN's Privacy Officer.

I authorise any person or entity, including those referred to above, to provide to CSN or Liberty such personal information (including health information) as CSN or Liberty in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and cooperation to CSN in the assessment of my claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, CSN or Liberty may not be able to process or assess my claim.

I appoint CSN to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of claimant

Date

Name of claimant

**Privacy Notice**

Liberty Specialty Markets (Liberty) and Corporate Services Network (CSN) are bound by the Privacy Act 1988 (Cth) and its associated Privacy Principles when collecting and handling your personal information. For the purposes of this Privacy Notice, 'we', 'us' or 'our' refers to, if the context permits, both Liberty and CSN.

Liberty collects personal information in order to provide insurance services and products and for ancillary business purposes and CSN collects personal information in order to provide claim assessments and insurance related services. Liberty and CSN may pass personal information to third parties involved in this process such as its related companies, reinsurers, agents, loss adjusters and other service providers. We may also store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, UK, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty and CSN. If you do not provide the personal information Liberty, CSN or other relevant third parties require to offer you specific products or services, Liberty or CSN may not be able to provide the appropriate type or level of service.

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