



Authority and consent for the release of superannuation information

Collection, use and disclosure

ANU is authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect personal information relevant to an injured employee's claim for the purposes of managing the compensation claim and for the management of the injured employee's rehabilitation and the discharge of other functions and use of other powers under the SRC Act.

For those purposes, ANU may need to collect your personal information from, and use and disclose it to the following parties:

- your employer at the date of your injury, your current employer and any subsequent employer
- your superannuation fund manager or trustee
- any health professional, hospitals, other health institutions, or service providers related to your claim
- your Claims Services Officer (CSO)
- your rehabilitation provider
- vocational and functional assessor
- employment agencies
- legal advisors and law enforcement authorities
- personnel engaged by ANU to conduct research related activities
- the Safety, Rehabilitation and Compensation Commission
- ANU fraud investigators
- inspectors appointed under section 156 of the *Work Health and Safety Act 2011*
- any relevant third party (or insurer) considered by ANU to have contributed to the injury, illness or impairment
- any other person assisting ANU in the performance of its functions or exercise of its powers
- any other entity where there is a legal obligation to do so (for example, but not limited to, responding to the direction of a Court to produce documentation)

ANU will only collect, use or disclose your personal information in accordance with its obligations under the *Privacy Act 1988*.

For more information call 02 6125 5111 or visit our website at www.anu.edu.au/privacy.

I
(Employee's full name)

of
(Employee's full private address)

ANU claim reference number /

Hereby authorise and consent
(Superannuation fund)

to provide details to ANU relating to my cessation of employment with

(Insert Department or Agency name)

on / / Superannuation Membership Number
(Date employment ceased)

I understand the requested information is required to determine and manage my compensation claim and to assist ANU in any actions authorised under the SRC Act.

I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to discuss or provide the information requested.

Signature Date / /