

ACC claim number

Union Medical Benefits Society Limited (UniMed) has authority to act and receive information on my behalf in connection with the claim referenced above.

Please allow them access to all files, including supporting documentation and notes, which are directly or indirectly relevant to my claim.

I grant UniMed authority to file a review of the ACC decision to decline my claim, at UniMed's discretion.

I authorise UniMed to recover or receive any money directly from ACC relating to the claim above.

If applicable, I also grant UniMed authority to pursue and receive any associated costs of this claim, including any legal representation costs, directly from ACC, any independent dispute resolution service provider, and the Courts.

Member full name

First name(s)

Last name

Date of birth (dd/mm/yy)**UniMed Policy/Membership number****Signature****Date signed** (dd/mm/yy)



AUTHORITY

To Whom It May Concern,

I give authority to John Miller Law to act on my behalf and access to my files relating to my ACC Claim.

I instruct John Miller Law to file a review of the ACC decision declining my claim.

John Miller Law also has the authority to receive any legal representation and surgery costs from ACC, Disputes Resolution Services, and the Courts

Full Name: _____

Date of Birth: _____

Signature: _____

Date: _____