

## Authority to Enquire/Operate Health Insurance Policy

To assist in the maintenance of AAMI Health Insurance policies, we offer members the ability to nominate a third party to carry out a limited range of policy activities. This can be helpful if you need a friend or relative to make enquiries, order statements or make payments on your behalf.

To protect you, and to ensure that we can meet our obligations to protect the privacy and security of your policy and claims information, this third party authority does not extend to all types of policy maintenance. Should you need someone to act on your behalf in this way, you may wish to consider obtaining a Power of Attorney for that person.

Before providing this third party authority, you should also consider whether it is necessary and whether we have alternative methods of transacting that can assist you (such as direct debit of premiums). We suggest you keep a copy of your completed authority for your records.

Note: Only the Policy Holder or a partner with partner authority can add a third party authority to enquire/operate an AAMI Health Insurance policy.

Details				
Policy Holder name		Member number		
	y to my policy for the following	individual, who is not covered u	ınder my policy:	
Name of nominated person		Date of birth		
Residential address (postal addre	ess will not be accepted)			
Suburb		State	Postcode	
Daytime phone number		Email		
Nominated person's signature				
Noninated person's signature			Date	
Print name of nominated person				
Level of authority (selec	ct only one)			
	Cannot make any changes to t	he policy. Can request information	and statements regarding the policy and	
Enquire only	all Policy Holders.			
Authority to operate	Can make limited changes to the policy. Cannot change bank account details, cancel the policy or remove persons from the policy. Can lodge claims for processing for any person on the policy.			
Nata All assusas and assault h				
Direct Credit to help ensure cla			Ve strongly recommend the use of	
Authority start date (mandatory)	•	Authority end date (optional	)	
Policy Holder signature				
Policy Holder Signature			Date	
Print name of Policy Holder				
Thirthand of Folloy Florage				
Need help?				
Call: <b>13 22 44</b>		Email: aami@aami.com.au	<u>I</u>	

Email: aami@aami.com.au

**Newcastle NSW 2300** This document is issued by nib health funds limited ABN 83 000 124 381 (nib). AAMI Health Insurance is issued by nib, a registered private health insurer, and is marketed by Platform CoVentures Pty Ltd ABN 82 626 829 623 (PC), a Suncorp Group company. PC is an authorised agent of nib. In this document, "we", "us" and "our" means nib. For information on how your personal

Mon to Fri: 8am - 8:30pm Sat: 8am - 1pm (AEST)

Please return your completed form via

Mail: Reply Paid 62208, Locked Bag 2010,