



**INTERNATIONAL
MEDICAL
ASSISTANCE
NETWORK**

Australian Health Insurance

IMAN International Pty Ltd

ABN 73 052 952 655

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PO Box 570 Crows Nest NSW 2065

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COVER NOTE CREDIT CARD AUTHORITY FORM

PERSONAL DETAILS

Surname.....

Given Names.....

AHI Cover Note No (if known).....

Postal Address.....

.....

Phone Daytime.....

Mobile.....

Date Policy is estimated to start...../...../.....

Date Application submitted online...../...../.....

POLICY DETAILS

I have requested a Cover Note:

please tick **one**

Table 320

Table 390

Table 120

Table 190

	Single	Family	Single	Family	Single	Family	Single	Family
Quarterly	<input type="checkbox"/> \$624	<input type="checkbox"/> \$1248	<input type="checkbox"/> \$465	<input type="checkbox"/> \$930	<input type="checkbox"/> \$230	<input type="checkbox"/> \$460	<input type="checkbox"/> \$189	<input type="checkbox"/> \$378
Half-Yearly	<input type="checkbox"/> \$1248	<input type="checkbox"/> \$2496	<input type="checkbox"/> \$930	<input type="checkbox"/> \$1860	<input type="checkbox"/> \$460	<input type="checkbox"/> \$920	<input type="checkbox"/> \$378	<input type="checkbox"/> \$756
Yearly	<input type="checkbox"/> \$2496	<input type="checkbox"/> \$4992	<input type="checkbox"/> \$1860	<input type="checkbox"/> \$3720	<input type="checkbox"/> \$920	<input type="checkbox"/> \$1840	<input type="checkbox"/> \$756	<input type="checkbox"/> \$1512

All premiums quoted above are in Australia Dollars

CREDIT CARD DETAILS

Master Card Visa AMEX Bankcard

Card Number:

□□□□ □□□□ □□□□ □□□□

Expiry Date: □□/□□

Name on Credit Card:.....

Signature:.....

I authorise IMAN/AHI to charge my Credit Card with a once only AUD\$50 Cover Note Administration Fee.

I understand that this fee is non-refundable.

Send by Fax +61 2 9475 5046