IMAN Australian Health Plans – a subsidiary of nib
ABN 34 144 907 746
Suite 1, 39 Albany St, Crows Nest NSW 2065
PO Box 570, Crows Nest NSW 2065
P (61 2) 8437 2888 • **F** (61 2) 8437 2877 • **E** info@austhealth.com

CREDIT CARD AUTHORITY FORM

Use this form to authorise regular payments of your IMAN Australian Health Plans (IMAN) costs from your nominated Credit Card. All costs are GST inclusive. Please note that Plan costs are subject to change. IMAN will give 30 days written notice of any changes.

IMAN Membership No. (if known). . . . . .

☐ I am an existing member updating my details

☐ I am a new member

Date Plan is requested to start. . . . . / . . . . . / . . . . .

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

PERSONAL DETAILS

Surname. . . . . .

Given Names. . . . . .

Postal Address. . . . . .

. . . . . .

Phone Daytime. . . . . .

Mobile. . . . . .

PLAN COSTS (inclusive of GST)

Plan Option	Monthly			Quarterly			Annually		
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
320 Plan	$291	$582	$624	$873	$1746	$1872	$3492	$6984	$7488
390 Plan	$166	$332	$360	$498	$996	$1080	$1992	$3984	$4320
120 Plan	$83	$166	$172	$249	$498	$516	$996	$1992	$2064
190 Plan	$66	$132	$135	$198	$396	$405	$792	$1584	$1620

	320 Plan			390 Plan			120 Plan			190 Plan		
Choose your Plan	Single ☐	Couple ☐	Family ☐	Single ☐	Couple ☐	Family ☐	Single ☐	Couple ☐	Family ☐	Single ☐	Couple ☐	Family ☐
Choose your payment frequency	Monthly ☐	Quarterly ☐	Yearly ☐	Monthly ☐	Quarterly ☐	Yearly ☐	Monthly ☐	Quarterly ☐	Yearly ☐	Monthly ☐	Quarterly ☐	Yearly ☐

CREDIT CARD DETAILS

☐ **I authorise IMAN to charge my Credit Card for my Plan payments. I understand that Plan costs may change, and that IMAN will give me 30 days notice of any change in my Plan payments.**

☐ MasterCard ☐ Visa ☐ AMEX

Card number:

Expiry Date: | | | | |

Name on Credit Card . . . . . .

Cardholders Signature. . . . . .

If paying on behalf of the policy holder/s, please provide

Company Name. . . . . .

Phone No . . . . . .

Email Address. . . . . .

Post completed forms to	IMAN Australian Health Plans PO Box 570, Crows Nest NSW 2065
Or send by Fax to	(61 2) 8437 2877

UPDATED 1st DECEMBER, 2010