AUSTRALIAN HEALTH PLANS ®
www.austhealth.com

CREDIT CARD AUTHORITY FORM

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

IMAN/AHP 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	$233	$466	$499	$699	$1398	$1497	$2796	$5592	$5988
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

Choose your Plan **Choose your payment frequency**	☐ **320 Plan** Monthly ☐ Quarterly ☐ Yearly ☐	☐ **390 Plan** Monthly ☐ Quarterly ☐ Yearly ☐	☐ **120 Plan** Monthly ☐ Quarterly ☐ Yearly ☐	☐ **190 Plan** Monthly ☐ Quarterly ☐ Yearly ☐

CREDIT CARD DETAILS

☐ **I authorise IMAN/AHP to charge my Credit Card for my Plan payments. I understand that Plan costs may change, and that IMAN/AHP 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

AUSTRALIAN HEALTH PLANS
a division of IMAN International Pty Ltd
ABN 73 052 952 655 AFS Licence No. 246971

Suite 1, 39 Albany St, Crows Nest 2065
Postal Address: PO Box 570, Crows Nest NSW 2065
P (61 2) 8437 2888 **F** (61 2) 8437 2877
E info@austhealth.com

IMAN INTERNATIONAL MEDICAL ASSISTANCE NETWORK

UPDATED 8th MARCH, 2010