



## Information Release Authority

In order for IMAN Australian Health Plans to release your personal membership information, please complete the following details and fax to (02) 8437-2877:

### My Details

IMAN/AHP Membership No.	Contact Number	Email

Family Name	Given Name	Date of Birth

Address

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I hereby authorise IMAN Australian Health Plans to release full details of my Overseas Visitor's Health Plan to:

### Health Fund Details

Name of Health Fund:	Address of Health Fund:

Membership Number (if known):	Fax Number:	Email Address:

Signature	Date

