

## Information Release Authority

In order for IMAN Australian Health Plans (IMAN) to release your personal membership information, please complete the following details and fax to (61 2) 9929 3818.

### My Details

IMAN Membership No.	Contact Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Name	Given Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

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

### Health Fund Details

Name of Health Fund:	Address of Health Fund:
<input type="text"/>	<input type="text"/>

Membership Number(if known):	Fax Number:	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/>