

PERSONAL DETAILS

If you are an existing member please quote Policy number

POLICYHOLDER

Title Surname
 Given Names.
 Male/Female. Date of birth. . . . / /
 Country of citizenship.
 Country of last residence.
 Email.
 Phone Work
 Home.
 Mobile.
 Address in Australia.

 State. P'code.
 Sponsored by.

 Sponsors address.

 Sponsors Contact Name.

 Phone.
 Email.
 Employed by.

 Employers address.

 Employers Contact Name.
 Phone.
 Email.
 Agent e.g. Migration, Lawyer, Accountant.

 Agent Contact Name.
 Email.
 Previous Health Fund
 Last Date of Cover / /

**DETAILS OF PERSONS TO BE COVERED
 (including dependant children under 25 years)**

Title Surname
 Given Names.
 Male/Female. Date of birth. . . . / /
 Country of citizenship.
 Country of last residence.
 Occupation.
 Relationship to Applicant

 Title Surname
 Given Names.
 Male/Female. Date of birth. . . . / /
 Country of citizenship.
 Country of last residence.
 Occupation.
 Relationship to Applicant

 Title Surname
 Given Names.
 Male/Female. Date of birth. . . . / /
 Country of citizenship.
 Country of last residence.
 Occupation.
 Relationship to Applicant

VISA INFORMATION

Sub Class Visa Code Visa Issued Date / / Occupation.
 Arrival Date in Australia / / Start date of Cover / /
 All IMAN Australian Health Plans (IMAN) memberships are continuous until such time as the plan is cancelled.
 Should you require your membership for a specified period (ie. less than 12 months) please complete end date
 of Plan / /

nb276502_1113

MEDICARE CARD HOLDERS SECTION

As a holder of a Reciprocal or Interim Medicare Card, you should be aware that **Overseas Visitors Health Cover (OVHC), Health Insurance Policies for Overseas visitors and Working Visa Health Plans** are classified as ineligible products for Medicare Levy Surcharge (MLS) exemption purposes. You should seek financial advice about the tax implications which may effect you. Further information is available on our website: www.austhealth.com/reciprocal.php

Please complete the following:

Type of Medicare Card held:

- Yellow - A Reciprocal Medicare Card
- Blue - An Interim Medicare Card

Are all members of your family listed on a Reciprocal or Interim Medicare Card?

- Yes
- No

If no, please list names of those who are excluded:

Name	Relationship
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.....
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PRE-EXISTING CONDITIONS

DEFINITION:

A Condition, the signs or symptoms of which, in the opinion of a Medical Practitioner appointed by IMAN and who has examined relevant information (including information supplied by the Insured Person's Medical Practitioner) were exhibited by the Insured Person at any time during the 6 months prior to:

- a. the commencement of the Insured Person's Policy; or
- b. in the case of upgrading from one Hospital Product to another Hospital Product providing higher benefits for Hospital Treatment (other than a Hospital Product created or revised in response to an increase in hospital charges), at the time the Policy holder for the Policy commenced paying Premiums for the upgraded Hospital Product.

PRE-EXISTING CONDITION INFORMATION

We require you to provide information regarding ailments, illnesses, conditions or disabilities in relation to yourself or any accompanying family members who are listed on this application for membership.

Please give details of medical treatment received in the last 6 months, prescribed medication taken in the last 6 months, and hospital treatment received in the last 3 years.

Name.

Details.

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Name.

Details.

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Name.

Details.

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Name.

Details.

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Name.

Details.

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Name.

Details.

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APPLICATION INFORMATION

Where did you hear about IMAN?

- Sponsor/Employer
- Search Engine
- Friend
- Other

Application Completed By

Phone No

nib276502_1113

PLEASE READ, DATE AND SIGN THE DECLARATION.

1. I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED REGARDING PRE-EXISTING CONDITIONS AND HAVE COMPLETED THE PRE-EXISTING CONDITIONS QUESTIONNAIRE.

2. AUSTRALIAN HEALTH PLANS AND IMAN AUSTRALIAN HEALTH PLANS PTY LTD

IMAN Australian Health Plans Pty Ltd (IMAN) is the product issuer for Australian Health Plans. This means that we are responsible for the payment of any claims you make under the terms of the Plans.

'Australian Health Plans' is a trading name owned by IMAN, a wholly owned subsidiary of nib holdings limited. The Plans are underwritten by nib health funds limited, also a wholly owned subsidiary of nib holdings limited, as a private health insurer registered under the Private Health Insurance Act 2007, as health related business.

The Plans are available to temporary residents with visas that allow them to work while present in Australia but who are not entitled to receive benefits from Medicare or who are only entitled to Reciprocal or Interim Medicare Benefits.

3. IMAN CUSTOMER BROCHURE

I have downloaded and read the IMAN Customer Brochure to help me decide whether the Plans provided by IMAN suit my needs.

4. I AUTHORISE IMAN TO LIAISE WITH ANY MEDICAL PRACTITIONER, HOSPITAL OR HEALTH PROVIDER

IMAN may need to obtain complete details relating to medical history, treatment, hospitalisation, injury and sickness, in respect of claims arising under your IMAN Plan, and has consent, on behalf of each person listed on the Certificate of Membership, to obtain said information.

5. I AUTHORISE IMAN TO LIAISE WITH ANY PREVIOUS PROVIDER OF HEALTH INSURANCE

IMAN may need to obtain personal information concerning your application for a health Plan, and has consent, on behalf of each person listed on the application, to obtain said information.

6. I ACKNOWLEDGE IMAN'S PRIVACY POLICY

IMAN are committed to protecting the personal information you provide to us, or which is provided to us on your behalf.

Collecting your personal information

We collect your personal information directly from you, such as by email, phone or in documents such as an application form, or from third parties, such as your employer or sponsor.

Using your personal information

We use your personal information to administer and manage the services we provide to you, including collecting monies owed and paid.

Website Information

IMAN web hosts gather usage statistics from our website, which is analysed for reporting purposes. There is no personally identifiable data collected and all site visitors remain anonymous.

Disclosing your personal information

We may disclose personal information regarding the status of your Plan to the Department of Immigration and Border Protection ("DIBP") as well as to your sponsor/employer/agent. This disclosure is to enable DIBP and your sponsor/employer/agent to ascertain whether your Plan is current and maintained in accordance with Visa Condition 8501. We may also disclose your personal information to the underwriter - nib health funds limited, other nib companies, and the health service providers with which you are associated, for the purpose of providing you with the services you are entitled to. We may also be required to disclose your personal information to other individuals on your Plan. Where appropriate, these disclosures are subject to privacy and confidentiality.

Accuracy of your personal information

We take reasonable steps to ensure the personal information we hold or disclose is accurate, complete and up-to-date. The accuracy of this information depends to a large extent on the information you provide us. That is why we require you keep us up to date with changes to your personal information at all times.


Signed
(Applicant or Agent)


Date / /


TO SUBMIT YOUR APPLICATION FORM

- 1. Please complete all details that are relevant to you on the application form.
- 2. Please read, date and sign the declaration section.
- 3. If you would like any assistance please call **1800 22 11 33** or overseas call **+61 2 4914 1131**.

4. Submit your completed form to:

 Mail
IMAN Australian Health Plans
Reply Paid 62208
Locked Bag 2010
Newcastle NSW 2300

 Email
info@austhealth.com

 Fax
+61 2 9929 3818

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