

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 premiums are subject to change. IMAN will give 14 days written notice of any changes.

IMAN Australian Health Plans (IMAN) Policy number (if known)

I am an existing customer updating my details

I am a new customer - Date policy is required to start / /

- Date applications submitted online / /

PERSONAL DETAILS

Surname Given Names

Address in Australia

State P'code

Phone Daytime Mobile

IMAN WORKING VISITOR COVER OPTIONS

Choose your cover	Budget Visitor Cover			Value Plus Visitor Cover			Basic Visitor Cover			Mid Visitor Cover			Top Visitor Cover		
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose your payment frequency	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly <input type="checkbox"/>														

CREDIT CARD DETAILS

I authorise IMAN to charge my Credit Card for my premium payments. I understand that premiums may change, and that IMAN will give me 14 days notice of any changes.

Master Card Visa AMEX

Card Number:

Expiry Date:

Name on Credit Card

Cardholders Signature

If paying on behalf of the applicant, please provide

Company Name

Phone No

Email Address

TO SUBMIT YOUR FORM

Complete your form and submit in one of the following ways:



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



Email
info@austhealth.com



Fax
+61 2 9929 3818