

EMPLOYEE'S DETAILS

Policy Number (if known) Employee number.

Your family name. Your first name.

Your current postal address
.....

State. Postcode.

EMPLOYER'S DETAILS

Employer's name.

Address
.....

State. Postcode.

Location/Department.

Office Use Only
Group No. <input type="text"/>

DEDUCTION DETAILS

New Customers

Deduct from my wages/salary the sum of \$.....

My pay frequency is **Weekly** **Fortnightly** **Monthly** (deductions should be in-line with your pay frequency)

Commence the first pay period after ___/___/_____ Name/level of cover.

Existing Customers (This authority is to replace the existing one)

Change the deduction amount from my wages/salary from \$..... to \$.....

My pay frequency is **Weekly** **Fortnightly** **Monthly** (deductions should be in-line with your pay frequency)


Commence the first pay period after ___/___/_____ Name/level of cover.

1. Unless otherwise specified, deductions will commence from the pay period commencing after the date of the new/changed cover specified on this authority. This authority remains in effect until cancelled by me in writing.
2. Should the amount payable by me to IMAN be altered by reason of an alteration to the premiums for my cover, then this authority shall extend to cover the altered deductions.
3. In consideration of your consenting to make such deductions and payments as above, I agree for myself, and anyone acting on my behalf, to hold my employer fully indemnified against any liability arising for acts, or failures to act, in relation to this authorisation.


Employee's Signature(s) Date ___/___/_____

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
internationalpayroll@nib.com.au

 Fax
+61 2 9929 3818

If you have questions call the Customer Care Centre:

Monday to Friday 8.30am – 6.00pm (AEDT)

 Call 1800 22 11 33

 From overseas +61 2 4914 1131