

**PLEASE COMPLETE THIS FORM FOR DIRECT CREDIT OF CLAIM BENEFITS**

Policy Number

Your family name. . . . . Your first name. . . . .

Name of bank, building society or credit union . . . . . Branch . . . . .  
.....

Name(s) of account holder(s)  
.....

BSB number  -  Account number

Is this a change to existing SafeClaim details?  
 **No**  
 **Yes** Date to take effect from \_\_\_ / \_\_\_ / \_\_\_\_\_


**Please note:** If you are currently paying your premiums by Direct Debit and your account details have changed, you must complete a new Direct Debit application.

I hereby authorise nib health funds limited abn 83 000 124 381 (on behalf of IMAN Australian Health Plans Pty Ltd ABN 34 144 907 746) to directly credit claim benefits for the above policy to this account.

Account Holder(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  
**info@austhealth.com**

 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**

mb316401\_0613