



# Authority to Enquire/Operate Policy

To assist in the maintenance of health cover policies, offer customers the ability to nominate a 3rd party to carry out a limited range of policy activities. This can be helpful if you need a friend or relative to make enquiries, order statements or make payments on your behalf.

To protect you, and to ensure that we can meet our obligations to protect the privacy and security of your policy and claims information, this 3rd party authority does not extend to all types of policy maintenance. Should you need someone to act on your behalf in this way, you may wish to consider obtaining a Power of Attorney for that person. Before providing this 3rd party authority, you should also consider whether it is necessary and, whether we have alternative methods of transacting that can assist you (such as online claims that allow direct credit of benefits into your bank account and direct debit of premiums).

Please read the information below carefully and provide all information. We suggest you keep a copy of your completed Authority for your records.

## Policy holder details

**Note:** Only the policyholder or a partner with partner authority can add a 3rd party authority to enquire/operate a health insurance policy.

Policy number

Policy holder name

Date of birth (DD/MM/YYYY)

Please add 3rd Party Authority to my policy for the following individual, who is not covered under my policy:

Name of nominated person

Date of birth (DD/MM/YYYY)

Residential address (Postal address will not be accepted)

Suburb

State

Postcode

Email

Mobile

Home phone number

Nominated person signature

Date

## Level of authority

Enquire only

Cannot make any changes to the policy. Can request information and statements regarding the policy and all policy holders.

Authority to operate

Can make limited changes to the policy. Cannot change bank account details, cancel the policy or remove persons from the policy. Can lodge claims for processing for any person on the policy.

**Note:** All correspondence will be sent to the policyholder at their preferred method of contact. nib strongly recommends the use of Direct Credit to help ensure claims are paid to the account nominated by the policyholder.

Authority start date (mandatory)

Authority end date (optional)

Policyholder signature

Date

**To submit your completed form**

**Mail:** nib  
Reply Paid 62208, Locked Bag 2010 Newcastle NSW 2300

**Email:** [nibovhc@nib.com.au](mailto:nibovhc@nib.com.au)

**If you have any questions call the Customer Care Centre**

Mon to Fri 8.30am – 6.00pm (AEDT)  
**Call:** 1800 775 204 **From OS:** +61 2 9692 4488