

Direct Debit Request & Claims Benefit Form

I/We authorise nib health funds limited A.B.N. 83 000 124 381, User ID number 000488 on behalf of IMAN Australian Health Plans Pty Ltd ABN 34 144 907 746 to arrange for funds to be debited from my/our nominated account via the Bulk Electronic Clearing System at the financial institution shown below according to the schedule specified below.

Your personal details

Customer Number

Date of Birth

 / /

Title

Given name/s

Surname

Residential address in Australia (include suburb, state and postcode)

Suburb

State

Postcode

Pay your premium automatically (please choose one option below)

Automatic payments from your nominated Australian bank account

Name of Bank, Building Society or Credit Union

Account number

BSB number

Account Name

First Debit Date

 / /

Payment frequency (please tick)

Fortnightly

Monthly

Quarterly

Half Yearly

Yearly

Please note: Fortnightly premiums are only available Monday to Friday. All other options are only available from 1st to 27th of the month.

OR

Automatic payments from your nominated credit card

Card Number

Expiry Date

 / /

Credit Card Type (please tick)

Visa

Mastercard

American Express

First Debit Date

 / /

Payment frequency

Fortnightly

Monthly

Quarterly

Half Yearly

Yearly

Please note: Fortnightly premiums are only available Monday to Friday. All other options are only available from 1st to 27th of the month.

Claims deposited directly into your bank account (please choose one option below)

Use the above bank account or Select a different Australian bank account Please provide details below.

Account number

BSB number

Account Name

Account Holders signature/s

To review IMAN's direct debit request service agreement, refer to the Direct Debit Request Service Agreement at austhealth.com, or on the reverse side of this form.

Signature/s

X

Date

 / /

1. Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

business day means a day other than a Saturday or a Sunday or a Public Holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

direct debit request means the Direct Debit Request between us and you.

us or we means IMAN Australian Health Plans Pty. Ltd.

you means the customer who signed the direct debit request.

your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

2. Changes by us

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangement under a direct debit request by contacting us on **1800 22 11 33**.

3.2 If you wish to stop or defer a debit payment you must notify us in writing at least fourteen (14) days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time by giving us fourteen (14) days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

(a) you may be charged a fee and/or interest by your financial institution;

(b) you may also incur fees or charges imposed or incurred by us; and

(c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on **1800 22 11 33** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

You should check:

(a) with your financial institution whether direct debiting through BECS is available from your account as direct debiting is not available on all accounts offered by financial institutions.

(b) your account details which you have provided to us are correct by checking them against a recent account statement;

and

(c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

(d) with your financial institution if you are uncertain when your financial institution processes an amount we draw under your direct debit request on a day which is not a business day.

7. Confidentiality

7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

(a) to the extent specifically required by law; or

(b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

IMAN Australian Health Plans, Locked Bag 2010 Newcastle NSW 2300.

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

8.3 Any notice will be deemed to have been received two business days after it is posted.