Authority to Enquire/ Operate Health Insurance Policy

To assist in the maintenance of nib policies, we offer members the ability to nominate a third 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 third 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 third party authority, you should also consider whether it is necessary and whether we have alternative methods of transacting that can assist you (such as direct debit of premiums). We suggest you keep a copy of your completed authority for your records.

Note: Only the Policy Holder or a partner with partner authority can add a third party authority to enquire/operate an nib policy.

Details

Policy Holder name

Member number

Please add third 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

Daytime phone number

Email

Nominated person's signature

Date

Print name of nominated person

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Level of authority (select only one)

☐ **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 Policy Holder at the nominated postal address. We strongly recommend the use of Direct Credit to help ensure claims are paid to the account nominated by the Policy Holder.

Authority start date (mandatory) Authority end date (optional)

Policy Holder signature Date

Print name of Policy Holder



Need help?

Chat with us online: **nib.com.au/chat**



Please return your completed form via

Chat:
nib.com.au/chat

Online Services:
my.nib.com.au/login

The nib app:
download the free nib app

Privacy

nib health funds limited ABN 83 000 124 381. For information on how we manage your personal information, including how you can seek access to or correct your personal information, please refer to the nib privacy policy at **nib.com.au/privacy**

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