

KUWAITI CONFIRMATION & DECLARATION FORM



Your personal details

Arrival Date in Australia

nib Policy Number

Title Given name

Your middle names

Surname

Civil ID number

Postal address in Australia

Postcode

Date of birth

Email

Phone

Direct Credit Authority:

For the majority of claims, you will be able to use your nib Customer Card to claim benefits on the spot with no upfront payments if you visit an nib preferred provider. This means that you will have nothing to pay. However in some instances you may have upfront payments. If this happens, you can claim your benefits back by sending in your receipt/s to nib and this will be deposited directly into your bank account.

Yes, I would like to take advantage of Direct Credit.

Name of bank, building society or credit union

BSB number

 -

Name(s) of account holder

Account number

Declaration:

- I declare the details in this Declaration Form to be true and complete, and I agree to be bound by the rules and by-laws of nib as amended from time to time. The rules and by-laws of nib can be found at nib.com.au/kuwaitihealth
- I declare that dependants on this policy are under the age of 18 years and are listed as a dependant on the student visa.
- I authorise my previous health fund, hospital, medical or other authorities to release to nib all information required to confirm my benefit entitlements.
- I acknowledge I have been given access to the nib OSHC Privacy Policy, and the opportunity to clarify any issues or concerns. I consent to nib collecting, using or disclosing my personal information for the purposes set out in the nib OSHC Privacy Policy. I acknowledge nib is not responsible for the security of my personal information contained in this Declaration Form until it is received by nib.
- I acknowledge that by signing this Declaration Form I am authorised by each person listed herein to consent to nib making disclosures about their health information to other people listed in this application.
- Where the Direct Credit Authority has been completed, I hereby authorise nib health funds to directly credit claim benefits for this policy to the nominated account.
- I acknowledge that upon requesting cancellation or refund of my OSHC policy with nib that my details will be forwarded to the Department of Immigration and Citizenship (DIAC).

nib may use your details for marketing purposes. See the nib OSHC Privacy Policy at nib.com.au/kuwaitihealth for more details.

If you do not want nib to use your details for marketing purposes, please tick this box.

Customer's signature

X

Date / /

PLEASE FORWARD THIS FORM TO: Your Kuwait Cultural Office Advisor

nib OSHC