

# Payment Form

Paying your premium or claiming benefits should be easy. So just fill out this form if you want to change your payment option (Sections 1 and 2) or how you want to claim your benefits (Sections 1 and 3).

## 1. Your details USE BLACK PEN ONLY AND PRINT IN UPPERCASE

Membership number	Title	First names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Residential street address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address - If this is the same as your residential address please write "As Above"		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DDMMYY)	Gender	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Mobile phone
		<input type="text"/>
Email		
<input type="text"/>		

Sign me up to receive email updates from ahm

## 2. How would you like to pay for your cover?

Direct debit is an easy way to pay for your health insurance. You can make payments at your chosen frequency – just pick the right one for you.

If you're making your first payment to us, it may be more than the normal amount because it needs to cover your standard payment plus bring you up to your nominated debit date. If you're changing your payment option, changing the debit date could mean your next deduction is different to the normal amount.

**Bank account** – Complete Sections A, C and D       **Credit card** – Complete Sections B, C and D

**Section A – Your full name**

Name of your financial institution	Address of your financial institution	
<input type="text"/>	<input type="text"/>	
Name of account holder	BSB number	Bank account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section B – Type of card**     MasterCard     Visa

Credit card number	Expiry date (MMYY)
<input type="text"/>	<input type="text"/>
Name on card	
<input type="text"/>	



**Section C – Choice of payment frequency**

Weekly     Fortnightly    If you've chosen weekly or fortnightly, please choose a day of the week you'd like ahm to draw your premiums:     Mon     Tue     Wed     Thur     Fri

Monthly     Quarterly    If you've chosen monthly, quarterly, half yearly or yearly, please choose a date from the 1st to the 28th on which you'd like ahm to draw your premiums each time it's due:   

Half yearly     Yearly

**Section D – I/WE** authorise Australian Health Management Group Pty Limited to charge my health insurance premiums to my bank account/credit card. In the event of changes to premiums, levels of cover or arrears of payments to my policy, I authorise Australian Health Management Group Pty Limited to alter the amount from the appropriate date in accordance with such changes. A copy of our Direct Debit Service Agreement will be sent to you upon receipt of these details. The first debit will cover your standard premium plus any adjustments necessary to bring your policy in line with your required debit date. For existing policy holders any change to debit dates may result in the next debit varying from the standard deduction.

Signed in accordance with account/credit card authority

<b>SIGN HERE</b>	DATE:    /    /
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**3. Payment of benefits** We can pay your benefits in several convenient ways.

**HandyClaim**

We can pay your benefits straight into your nominated bank account if your claim is for a bill which has already been paid. Plus, if you register your bank account details with us, you can use our TeleClaim and online claiming options (see below for more). Just fill out the section below (please note, we can't pay benefits into a credit card account).

Name of your financial institution	Address of your financial institution	
<input type="text"/>	<input type="text"/>	
Name of account holder	BSB number	Bank account number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Or you can choose other convenient ways...

**TeleClaim**

Make your claim straight away over the phone, and we deposit your benefit into your HandyClaim account. All you have to do then is mail us your receipts. You can do this for prepaid general extras claims up to \$400!

**Online Claiming - [www.ahm.com.au](http://www.ahm.com.au)**

After you have made your claim, we'll send you a letter and all you need to do is mail us your receipts. Simply register online and any prepaid general extras claim up to \$400 can be processed straight away and your benefit deposited into your HandyClaim account.

**OR By Cheque...**

If you prefer, we can post you a cheque for your benefits.

Note: We don't issue a statement of benefits so you'll need to check your own bank account statements.

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## Your privacy

Australian Health Management Group Pty Limited (ahm) is subject to the *Privacy Act 1988* and complies with the principles for handling your personal information. ahm's privacy policy can be viewed on the ahm web site [www.ahm.com.au](http://www.ahm.com.au) or you can call us on 134 246 to have a copy of the policy posted or emailed to you.