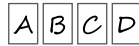


AUTHORITY TO OPERATE

Please use black pen and print upper case.
Avoid contact with the edge of the box.



Authorisation for a nominated representative to act on your behalf

- AIA Health respects your privacy. AIA Health will not discuss information about your membership with anybody else unless you authorise a person to speak on your behalf.
- By completing this form, you can authorise another person to speak to AIA Health about your membership on your behalf.
- Follow these four easy steps; review, complete, sign and return this form to AIA Health.

Your membership details

Member number	Date of birth	
<input type="text"/>	<input type="text"/>	
Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nominated representative details

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Relationship to member	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	Mobile	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		

Authorisation

Authorised Person Client Authority Power of Attorney

An Authorised Person Authority: can only be authorised by the policy holder, regardless if it is an existing or new policy.

An Authorised Person cannot cancel the policy or terminate the policy holder from the policy and change the policy into their name.

Client Authority: A Client Authority is required for persons other than those listed on the policy, to access personal and sensitive information about the policy in question and claim on the policy holder's behalf.

Power of Attorney: A Power of Attorney is a document that allows a person (donor) to appoint another person to make financial and/or medical and/or lifestyle decisions on their behalf, dependent upon the Power of Attorney that has been made.

Signature of the AIA Health member

Date

/ /

This authority remains valid until withdrawn. If you wish to grant a different level of authority to that noted above, please state here.

(Please attach a separate sheet if insufficient room).

Please return your completed and signed form to AIA Health via email: corporatehealth.memberservices@aia.com.au
or post: AIA Health, PO Box 7302, Melbourne VIC 3004