

# Third Party Authority Form



## Fill in this form to allow another person (Authorised Person) to deal with ahm on your behalf.

The Authorised Person will have full access to your cover. They will be able to do all the things you can do with your membership, like change bank account details and cancel the cover. They'll also have access to your personal and sensitive information.

If you choose to do this you can be assured that we will take reasonable steps to protect your personal information from unauthorised access in accordance with the *Privacy Act 1988*. View our Privacy Policy at [ahm.com.au](http://ahm.com.au) or call **134 246** to have a copy posted or emailed to you. We'll do an ID and password check when the Authorised Person contacts us. So if their details change, they need to tell us.

## Principal Member to complete

Name

Member number

Date of birth

Address

Suburb

State

Postcode

## Authorise and request that ahm grant:

Name of Authorised Person

Address of Authorised Person

Suburb

State

Postcode

Date of birth

Contact number

Email

Relationship to Principal Member

Password

**the right to:** ☐ conduct all business with ahm that I am entitled to conduct, on my behalf

**the duration of the granting of this right is:** ☐ Enduring (for the lifetime of my membership or when terminated upon written request from me)

## Declaration by Principal Member:

I may terminate the granting of this right at any time in writing. I acknowledge and agree with ahm's Fund Rules and Privacy Policy and will communicate information contained to the Authorised Person nominated on the form.

I declare the information that I have provided is correct. I understand there are penalties for giving false or misleading information.

Principal Member's signature

Date: / /

## Declaration by Authorised Person:

I declare the information that I have provided is correct in accepting this right to act on behalf of the Principal Member when dealing with ahm. I acknowledge and agree with ahm's Fund Rules and Privacy Policy. I understand there are penalties for giving false or misleading information.

Authorised Person's signature

Date: / /

**Scan and return the completed form, signed by both the Principal Member and Authorised Person to [info@ahm.com.au](mailto:info@ahm.com.au) or post to ahm Health Insurance, Reply Paid 75885, Matraville NSW 2036.**

134 246 ahm.com.au info@ahm.com.au Fax 1300 329 246