

nib Transfer Request Form

In order for IMAN Australian Health Plans to release your personal membership information to nib health funds, please complete the following details and fax to (02) 8437-2877:

My Details

IMAN/AHP Membership No.	Contact Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Name	Given Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

I hereby authorise IMAN Australian Health Plans to release full details of my Overseas Visitor's Health Plan to:

nib health funds Details

nib health funds	Locked bag 2010, Newcastle NSW 2300
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Membership Number (if known):	Fax Number:	Email Address:
<input type="text"/>	(02) 4925 1900	nib@nib.com.au

Signature	Date
<input type="text"/>	<input type="text"/>