

*Keeping it confidential*

## ANZ Health Insurance

Issued by: BUPA Australia Health Pty Ltd  
ABN 50 003 098 655 A Registered Health Benefits Organisation

Agent for the Insurer:  
Australia and New Zealand Banking Group Limited  
ABN 11 005 357 522 (ANZ)



## *You have a choice*

Whether you like to keep things private or would rather share, it's important that you're comfortable with who sees your health claim information. Whichever group you fall into, we'd like to give you a choice to suit your needs.

## *Your choices*

### **Option 1 – The membership owner**

The membership owner is the person responsible for the membership. This option means that all ANZ Health Insurance claim information, regardless of which person it relates to, will be sent to the owner of the membership. If people on the membership are happy with this process, they can select 'The membership owner' box and sign the form attached. This means the owner of the membership will have full knowledge of all claims taking place in relation to each person on the membership.

### **Option 2 – Me directly**

Some people on the membership may prefer to have claim information sent to themselves individually. If this is the case they can select the 'Me directly' box and sign the form attached. This means the owner of the membership will not see claim information in relation to this person.

However, all cheques (and non-cash payments) will continue to be made out to the membership owner.

### **Do all members need to consent?**

Claim information for people under 17 will continue to go to the membership owner. Any person aged 17 and over can choose which option they prefer and sign the form attached.

**If you do not complete and return this form claim information will automatically be sent to each relevant individual member aged 17 and over unless you advise us otherwise.**

## To complete this form, please ensure:

- **All** people on your membership aged 17 and over:
  - 1) tick the form indicating their preferred option below and
  - 2) provide their name and signature.
- As the membership owner, you sign and acknowledge these changes.

## Choose your preferred option and sign below:

Please note, your individual reference number can be found before your name on your membership card.

**I, the membership owner, am aware and understand that claim information will be provided by ANZ Health Insurance in the manner shown by the members' choices on this form.**

Membership no. 

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Individual ref no. \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

**I, the member (not the membership owner) consent to any future claim information from ANZ Health Insurance being sent to (please tick one box only):**

The membership owner       Me directly

Individual ref no. \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

The membership owner       Me directly

Individual ref no. \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

The membership owner       Me directly

**Individual ref no.** \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

The membership owner       Me directly

**Individual ref no.** \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

The membership owner       Me directly

**Individual ref no.** \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

*Simply return this completed form to:*

Your Choice  
Reply Paid 14639  
Melbourne VIC 3001

Alternatively, if you have any questions,  
please call us on 13 15 91

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