

Application for financial relief for members impacted by COVID-19

What is the purpose of this form?	Use this form if you are suffering from financial hardship as a result of COVID-19 (Coronavirus) and wish to apply for a 3 month membership suspension.
How will we assess whether you qualify for this offer?	ahm will make an assessment of your application for premium relief based on the information you provide in this form.
How do I submit this form?	<p>Please note that you cannot complete this form directly in your browser. You will need to save it and open using a PDF reader before filling in.</p> <ol style="list-style-type: none"> 1. Save the application before filling it in. 2. Fill in the application with the relevant details. 3. Upload your application here
For more information	Visit ahm help pages or contact us on livechat
What's next?	Once we've assessed your application, we'll notify you of the outcome within the next 5 business days.

1. Member Information

Membership Number: _____

Title: _____ First Name: _____ Surname: _____

Email address: _____

Preferred day time contact number: _____

I agree to be contacted by phone regarding any additional information required in connection with this form.

2. Details

What is the financial impact you have experienced or will experience as a result of COVID-19?

- Temporary loss of employment
- Permanent loss of employment
- Reduced employment
- Other – list

We're aware of the considerable uncertainty around this event, but where possible please indicate how long you expect to be impacted by the financial impact related to COVID-19.

- 0-3 months
- 4-7 months
- 8-11 months
- 12 months or over
- Unknown

3. Declaration

I declare and acknowledge that:

- I have financially suffered from the impacts of COVID-19
- I will not be covered for any private health insurance related services during the 3 month suspension
- Waiting periods do not accumulate during the suspension period
- All information supplied in connection with this form is true and correct
- I consent to the handling of my personal information provided with this form in accordance with the ahm Private Privacy Policy.

Signature (please print) _____

As an ahm member, you consent to the collection, use and disclosure of your information in accordance with our Privacy Policy. For more information about how we handle your information, you can read more on the latest copy of our Privacy Policy at ahm.com.au/privacy-policy.