

Third Party Authority form



Fill in this form to allow another person to deal with ahm on your behalf.

What types of authority can I give? There are two types of authority:

1. Authority to manage the policy. A person with this type of authority is known as an Authorised Person. Only the Principal Member can appoint an Authorised Person.
2. Authority to enquire about a member's personal information, including details about their claims. This type of authority is known as Claims and Information Consent. It can be given by any member on a policy.

What can an Authorised Person do?

Once appointed, an Authorised Person can do everything the Principal Member can do, including close the policy. They can't appoint or remove another Authorised Person – nor can they see the Principal Member's personal information (unless the Principal Member gives them Claims and Information Consent also).

What can a person with Claims Consent do?

Once appointed by a member, a person with Claims Consent can enquire about – and in some cases update – the member's personal information. This means they can obtain and amend the member's name and contact details, see the member's membership and correspondence history and obtain details of the member's claims – including services claimed and the date, provider and cost of each service. If the member is insured under multiple policies, the consent applies to their personal information under each of the policies.

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 or call **134 246** to have a copy posted or emailed to you. We'll do an ID check when the nominated person contacts us, so if their details change, they need to tell us.

Member to complete	
Name	
<input type="text"/>	
<input type="text"/>	
Member number	Date of birth
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	
Suburb	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>
Contact number	
<input type="text"/>	
Email	
<input type="text"/>	

Submitting your form

Scan the completed form, signed by both the member and nominated person. Log in to your account at ahm.com.au, go to the **Upload documents** section and upload this form under the **3rd party authority** option. You can also post to ahm health insurance, Locked Bag 4, Wetherill Park NSW 2164.

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[CLEAR FORM](#)

Authorise and request that ahm grant:

Name of nominated person

Address of nominated person

Suburb

State

Postcode

Date of birth

Contact number

Email

the right to: select one or both of the following options:

- ☐ Manage the policy on my behalf (i.e., that they be appointed as the Authorised Person)
- ☐ Access my personal information (i.e., that they be given Claims and Information Consent)

the duration of the granting of this right is:

- ☐ Enduring for the lifetime of the policy (or when terminated upon request from me)
- ☐ Fixed by the period

Start date

End date

the duration of the granting of this right is:

- ☐ Enduring for the lifetime of the policy (or when terminated upon request from me)
- ☐ Fixed by the period

Start date

End date

Declaration

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 person nominated on this form. I declare this information that I have provided is correct. I understand there are penalties for giving false or misleading information.

Signature

[CLICK TO UPLOAD SIGNATURE](#)

Date

Declaration by nominated person

I declare the information that I have provided is correct in accepting this right to act on behalf of this 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.

Nominated person's signature

[CLICK TO UPLOAD SIGNATURE](#)

Date