

Direct debit request

Please print in black ink, using capital letters and mark check boxes with an X.

GU Health Membership No.

With this form you can also request to have claim benefits paid into a nominated Australian financial institution, building society or credit union account.

Please complete the information requested below and send your completed form by:

- Scan and email to corporate@guhealth.com.au; or
- FreePost to GU Health, Reply Paid 2988, Melbourne Vic 8060 (no stamp required)

For assistance or more information call your GU Health Member Relations Team on **1800 249 966** between 8.30am and 5pm (AEST) Monday to Friday or email corporate@guhealth.com.au

Section 1: Membership holder's details (the person in whose name membership is held)

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Daytime telephone number (current)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
Email address (current)		
<input type="text"/>		

Section 2: Authority for direct debit bank deductions

(from a nominated Australian financial institution, building society or credit union account)

Name of Australian financial institution at which your account is held

Name/s on the account to be debited

BSB number Account number

I/We authorise nib health funds limited ABN 83 000 124 381 trading as GU Health (BECS ID 012495) to arrange funds to be direct debited from my/our account/credit card via the Bulk Electronic Clearing System with the terms described in the GU Health Direct Debit Service Agreement provided on the last page.

Please note direct debits will occur monthly.

By signing this direct debit request you acknowledge that you've read and understood the terms and conditions governing the debit arrangement between you and GU Health, as set out in this authority and in the Direct Debit Service Agreement. If this is a joint account please ensure each account holder has signed.

If this is a joint account each accountholder must sign.

Accountholder's signature	Date signed
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Accountholder's signature	Date signed
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

To ensure security of your credit card details, we don't collect your credit card information via application form. Once your membership is set up using your bank account details and you receive your membership number, you can change your payment method through Online Member Services at guhealth.com.au or call us on **1800 249 966**.

continued over page ►

Section 3: Direct credit of claims (FastBack)

Would you like to save time and effort when you claim?

Take advantage of the GU Health FastBack direct credit, and get your money back even faster!

GU Health will pay any eligible benefits you claim by direct crediting the funds into your nominated Australian financial institution account.

Just complete the 'authority' section below and we'll set it up for you.

Authority for FastBack payments

I request that GU Health until further notice, **credit** the following Australian account with any amount which may be payable to me as a result of a claim made under my membership.

Indicate with an X in the appropriate box.

Please use my bank account details provided in Section 2. **(Please proceed to the 'Membership holder's signature' section)**

OR

I would like my FastBack claims directly deposited into the following account.
(Please ensure to sign the 'Membership holder's signature' section)

Name of Australian financial institution at which your account is held

Name/s on the account to be **credited**

BSB number

Account number

Section 3: Membership holder's signature (must be signed)

Membership holder's signature

Date signed

Direct Debit Service Agreement

This is a Direct Debit Service Agreement for your credit card and bank account debits toward your membership.

Please keep this for your records.

Our commitment to you

This document sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance in respect of your direct debit arrangement with nib health funds limited ABN 83 000 124 381 trading as GU Health (BECS ID No. 012495).

Initial terms of the arrangement

In terms of the Direct Debit Request (DDR) arrangement made between us and signed by you, we undertake to periodically debit your nominated account in accordance with your signed authority to direct debit.

Drawing arrangements

- If a drawing is due on a non-business day, it will be debited on the next business day following the scheduled drawing date
- We will give you at least 14 days notice if we intend to make changes to the initial terms of the arrangement
- We will debit all contributions in advance along with any applicable arrears, and will vary the contributions as necessary in line with changes to level of cover, scale, legislation and/or contribution adjustments.

Your rights

Changes to the arrangement

If you want to make changes to the drawing arrangement, please notify us in writing at least four business days prior to your next scheduled drawing date. These changes may include:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

Enquiries

If you have any enquiries they should be directed to GU Health, rather than to your financial institution.

All information relating to the DDR held by us will remain confidential except for information that may be provided to our financial institution to initiate the drawing to your nominated account, or information disclosed to a third party as required by law. Information may also be provided to nib Holdings Limited or any of its wholly-owned subsidiaries to enable this DDR to be effected.

Disputes

- If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with GU Health
- If you do not receive a satisfactory response to your dispute from us, contact your financial institution who will respond to you with an answer to your claims in accordance with their dispute resolution procedures.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there are sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed
- your membership is financial at all times
- you notify GU Health if your bank account or credit card details change.

If your drawing is returned or dishonoured by your financial institution, we will notify you.

Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

GU Health reserves the right to cancel a membership if contribution payments are in arrears for more than 60 days.