



Direct Debit Request & Claims Benefit Form

I/We authorise nib health funds limited A.B.N. 83 000 124 381, User ID number 000488 to arrange for funds to be debited from my/our nominated account via the Bulk Electronic Clearing System at the financial institution shown below according to the schedule specified below.

Your personal details

Customer Number

Date of Birth

 / /

Title

Given name/s

Surname

Residential address in Australia (include suburb, state and postcode)

Suburb State Postcode

Pay your premium automatically (please choose one option below)

Automatic payments from your nominated Australian bank account

Name of Bank, Building Society or Credit Union

Account number

BSB number

Account Name

First Debit Date / /

Payment frequency (please tick) Fortnightly Monthly Quarterly Half Yearly Yearly

Please note: Fortnightly premiums are only available Monday to Friday. All other options are only available from 1st to 27th of the month.

OR

Automatic payments from your nominated credit card

Card Number

Expiry Date / /

Credit Card Type (please tick) Visa Mastercard American Express First Debit Date / /

Payment frequency Fortnightly Monthly Quarterly Half Yearly Yearly

Please note: Fortnightly premiums are only available Monday to Friday. All other options are only available from 1st to 27th of the month.

Claims deposited directly into your bank account (please choose one option below)

Use the above bank account **or** Select a different Australian bank account

Please provide details below.

Account number

BSB number

Account Name

Account Holders signature/s

To review nib's direct debit request service agreement, please see over the page.

Signature/s

X

Date / /



Direct Debit Request Service Agreement

This information is to help you understand the responsibilities (both yours and ours) and other terms and conditions that apply to your direct debit request.

These terms apply to both debits from an Australian bank account and payments from a credit card (where both are referred to below as a 'direct debit' or just a 'debit').

Agreement acceptance

By accepting this Direct Debit Request Service Agreement, you request that your nib premiums be debited at your specified payment frequency from your nominated account via the Bulk Electronic Clearing System (BECS) at your bank, building society or credit union.

The BECS is the standard system used for most online and direct debit transactions, particularly those made between businesses and their customers or employees. For your reference, nib's user identification number for this system is 000488.

nib's commitment to you

nib will give you at least 14 days notice in writing if there are changes to the details of your debit.

Any information about your account will remain confidential, except where required to complete direct debits with your financial institution.

When the due date is not a business day, nib will debit your account on the first working day after the due date.

Your commitment to us

It is your responsibility to:

- Ensure your nominated account can accept direct debits
- Ensure there are enough funds available in your account to make the payment on the due date. If there are insufficient funds to make the payment, you may incur fees and charges at the discretion of your financial institution.
- Tell us if your account details change, or if the account is transferred or closed
- Arrange a different payment method if nib cancels the debit arrangements
- Tell us your new credit card expiry date

Your rights

You can change the debit arrangements in line with these terms and conditions. Also, you may stop, cancel or dispute a drawing with your financial institution. You must tell us at least 7 working days before the next due date for any of the following:

- Stopping a payment
- Deferring a payment
- Suspending any future payments
- Altering the direct debit nominated account details
- Cancelling the debit arrangement

Enquiries and disputes

If you have any enquiries about your direct debit, or if you believe a debit has been made incorrectly, please contact us immediately.

Call the nib Customer Care Centre on 13 16 42 or

Write to nib health funds

Reply Paid 62208, Locked Bag 2010,

Newcastle NSW 2300.

If you are not happy with our response you can write to the nib Transactions Manager at the above address.

Other information

nib reserves the right to determine how you give instructions to stop or alter your direct debit details (e.g. written, verbal or electronic)

nib reserves the right to cancel direct debit arrangements if your financial institution dishonours debits, and to arrange a different payment method with you.

The details of your direct debit arrangement are contained in your Direct Debit Request. nib will rely on those details to process your payments until you tell us otherwise

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Not all accounts held with a financial institution are available to be drawn on under the Bulk Electronic Clearing System, ask your financial institution if you are unsure whether your account can accept direct debits.

Before you complete your Direct Debit Request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request is completed correctly. Ask your financial institution if you are unsure about your account details.

Please enquire of your financial institution, if you are uncertain when your financial institution processes an amount we draw under your Direct Debit Request on a day which is not a business day.

If there are insufficient funds in your account to make a payment on the due date, we will notify you and attempt a second deduction from your account within 7 days. If this second deduction attempt also fails, your direct debit arrangement will be cancelled. You will need to contact Us to pay the overdue amount and reinstate your direct debit arrangement.