



Authorisation to Release Information

If you would like to nominate a person to speak on your behalf while you are in Australia, please fill in the form below and return via email to: OVHC@allianz-assistance.com.au.

Member's Details

Member Name:

.....

Member Number:.....

Date of Birth/...../.....

Address:

.....

.....

I (please print full name).....authorise the person whose details appear below to deal with Peoplecare Health Limited in respect to all aspects of my membership on my behalf (except as otherwise specifically stated.)

Authorise Person's Details

Authorised Person's Name:

.....

Date of Birth/...../.....

Address:

.....

.....

Phone:.....

Relationship to Member:.....

Members signature:..... Date:...../...../.....

Please note: if the member is under 18 years of age, a Parent or Guardian must sign.

How can we help?

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All plans are administered by Allianz Global Assistance on behalf of Peoplecare