



GUHealth™



Cigna®

Register for FastBack payments

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

GU Health Membership No.: <input type="text"/>	OR	Cigna ID No.: <input type="text"/>
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Please complete the information requested below and send your completed form by:

- FreePost to GU Health, Reply Paid 2988, Melbourne Vic 8060 (no stamp required if posted within Australia); **or**
Mail to GU Health, GPO BOX 2988, Melbourne Vic 8060 (stamp required if posted outside of Australia) **or**
- Scan and email to signalinks@guhealth.com.au

For assistance or more information call your GU Health Member Relations Team on +61 3 8682 7844 (if calling outside of Australia) **or** FreeCall on 1300 794 624 (if calling within Australia) between 8.30am and 5pm (EST) Monday to Friday

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

Title	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F
Given name		Date of birth
<input type="text"/>		<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Work telephone number	Home telephone number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

Section 2: Method of contact

Please select your preferred method of contact within Australia

Work telephone number <input type="checkbox"/>	Home telephone number <input type="checkbox"/>	Mobile number <input type="checkbox"/>	Email <input type="checkbox"/>
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Section 3: Direct credit of claims (FastBack) and authority for payment

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

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! FastBack means we can directly deposit any claim reimbursement into your nominated Australian financial institution account. Just complete the 'authority' section below and we'll set it up for you.

I would like my FastBack payments to start immediately Yes No **or** Commence from D D M M Y Y Y Y

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.

Bank details

Name of Australian financial institution at which your account is held

Branch address

<input type="text"/>	State	<input type="text"/>
<input type="text"/>	<input type="text"/>	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name on the account to be credited

BSB number

Account number

Policyholder's signature

Date signed

 D D M M Y Y Y Y