

Member declaration

I declare that the information on this form is true and correct. I authorise AIA Health to check any of these services with the relevant providers and authorise AIA Health to contact the provider to obtain any necessary information to either verify or audit this claim.

Signature of member

Date

/ /

Please return your completed and signed form to AIA Health via email: corporatehealth.claims@aia.com.au
or post: AIA Health, PO Box 7302, Melbourne VIC 3004