



SA Ambulance Service Service Ambulance Cover application form

Fees current from 1 August, 2019

Membership Number New application Renewal When your application has been processed one Ambulance Cover card per membership will soon be forwarded to you. Please note that you do not need to present your membership card should you ever require an ambulance. **Type of cover** (Please tick type required.) Family Single Pensioner Family Pensioner Single Ambulance Cover (cover in South Australia only) (\$87.00) (\$104.00)* (\$52.50)*(\$173.00) Family Plus Single Plus Pensioner Family Pensioner Single Ambulance Cover Plus (cover Australia-wide) (\$102.80)Plus (\$135.50)* Plus (\$68.30)* (\$204.50) Ambulance Cover member's name (Please print) Title Family Date Given names name of birth Dependants' details Please complete the following for each person to be covered under your membership. Include your partner, children under 18 and full-time students under 25 living at home. Given names Family name Relationship to member Date of birth Full-time student (18-25 years) Nο Yes Yes No Yes No Additional dependants' details can be supplied on a separate piece of paper. I give permission to the following person to make changes to my membership details on my behalf. Given Date names name of birth Residential address (must reside in South Australia)* Telephone and Email details Tel: Home () _ Mob () _ Email address: Suburb/town: _ Postcode: Check this box if you do not wish to receive invoices via email. *See Terms and Conditions. *Pensioners please note: To be eligible for a pension rate, please Postal address provide your current pensioner concession or department of veterans affairs number. This may be verified by Centerlink. Pension No: Suburb/town: _ Postcode: _ Who is your private health insurance provider? Please specify Payment details. You may also like to make a donation to SA Ambulance Service. To do so, simply indicate the amount below, and the total you wish to pay. Ambulance Cover is not refundable in part or in full. SA Ambulance Service gratefully accepts overpayments as a donation. Thank you. Membership amount \$ Donation amount \$ Total amount \$ Signature I have read and understood the terms and conditions. Credit card: Mastercard Visa (Please complete section below) Payment by credit card (Please tick) **Expiry Date** Card no. Cardholder's Name on Cardholder's credit card signature contact number Occasionally we may send you promotional material Postmark here - Australia Post use only. we believe will be of interest to you. If you would prefer not to receive this, please tick this box. **Privacy and Your Information** SA Ambulance Service (SAAS) recognises the importance of protecting the privacy of individual's personal information and only collects personal information which is relevant and necessary for

the purposes of SAAS's operations. A copy of SAAS's Privacy Policy can be obtained by contacting SAAS's Customer Service Centre or visiting our website at www.saambulance.com.au