Government of South Australia
SA Health

SA Ambulance Service

# SA Ambulance Service
# Ambulance Cover application form

**Fees current from 1 August 2022**

☑ New application ☐ Renewal _____ Membership Number

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.)

| | | | | |
|---|---|---|---|---|
| **Ambulance Cover** (cover in South Australia only) | ☐ Family ($183.00) | ☐ Single ($92.00) | ☑ Pensioner Family ($110.00)* | ☐ Pensioner Single ($55.50)* |
| **Ambulance Cover Plus** (cover Australia-wide) | ☐ Family Plus ($216.25) | ☐ Single Plus ($108.70) | ☐ Pensioner Family Plus ($143.25)* | ☐ Pensioner Single Plus ($72.70)* |

**Ambulance Cover member's name** (Please print)

| Title | Given names | Family name | Date 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.

| Title | Given names | Family name | Relationship to member | Date of birth | Full-time student (18-25 years) |
|---|---|---|---|---|---|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ 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.**

| Title | Given names | Family name | Date of birth |
|---|---|---|---|
| | | | |

**Telephone and Email details**

Tel: Home (  ) _____ Mob (  ) _____

Email address: _____

☐ Check this box if you do not wish to receive invoices via email.

***Pensioners please note:** To be eligible for a pension rate, please provide your current pensioner concession or department of veterans affairs number. This may be verified by Centerlink.

Pension No:

**Who is your private health insurance provider?**

Please specify

**Residential address** (must reside in South Australia)*

_____

Suburb/town: _____ Postcode: _____

*See Terms and Conditions.

**Postal address**

_____

Suburb/town: _____ Postcode: _____

**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 $ |
|---|---|---|
| | | |

☐ I have read and understood the terms and conditions. Signature

Credit card: ☐ Mastercard ☐ Visa
(Please complete section below)

**Payment by credit card** (Please tick)

Card no. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date

| Name on credit card | Cardholder's signature | Cardholder's contact number |
|---|---|---|
| | | |

adma DIRECT MARKETING CODE COMPLIANT

☐ Occasionally we may send you promotional material we believe will be of interest to you. If you would prefer not to receive this, please tick this box.

Postmark here – Australia Post use only.

**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.sa.gov.au