Payment method.

UniMed

If your policy number starts with PL, this is your form.

This form is for Members on SmartCare, SmartCare+, StaffCare, StaffCare+, SmartStay and other Health Plans or group insurance schemes originally issued under the Accuro brand.

You can update payment information in your Member Portal.
Go to unimed.co.nz/portal to login or register.

If you prefer to use this form, complete and return to us at contact@unimed.co.nz.

Policy number

Primary Member name

Preferred date of first payment (dd/mm/yy)

or ◯ as soon as possible

A. Direct Debit authority

Please fill in the details below if you would like to pay by direct debit.

Recurring payment frequency

◯ Fortnightly ◯ Monthly ◯ Annually

Name of account (e.g John Smith)

Bank name

AUTHORITY TO ACCEPT DIRECT DEBITS
(not to operate as an assignment or agreement)
Authorisation Code
0 3 4 3 6 0 4
(User number)

Approved	
4360	
01	2026

Account number

I/We authorise the bank to debit my account with the amounts of direct debits from Union Medical Benefits Society Ltd. (trading as UniMed) with the authorisation code specified on this authority in accordance with this authority until further notice. I/we agree that this authority is subject to the bank's terms and conditions that relate to my account, and the specific terms and conditions listed on page 2.

The following information will appear on your bank statement:

Payer particulars	UniMed
Payer code	Health insurance
Payer reference	Your policy number

Authorised signature/s

Date (dd/mm/yy)

Specific conditions relating to notices and disputes

1. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
   - I don't receive written notice of the amount and date of each direct debit from the initiator, or
   - I receive written notice, but the amount or the date of debiting is different from the amount or the date specified on the notice.
2. The initiator is required to give me written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.
3. If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify me a second time of the amount and date of the direct debit.

B. Credit/Debit authority

Please fill in the details below if you would like to pay by credit/debit card.

Recurring payment frequency (Note we only accept Visa or Mastercard. We do not accept other cards such as American Express or Diners Club)

◯ Fortnightly ◯ Monthly ◯ Annually

For security reasons, please do not provide your credit card number. Once we receive this form, we will contact you with a secure link to provide these details. This link will be valid for 48 hours. Please remember, when your credit/debit card expires, you will need to contact us to update your credit/debit card details.

I/We authorise Union Medical Benefits Society Limited (trading as UniMed), until further notice in writing, to charge my/our credit/debit card account with all amounts due on my/our UniMed account from time to time, on or after the payment due date.

Cardholder's signature

Date (dd/mm/yy)

C. Invoice

Please fill in the details below if you would like to pay by invoice.

Recurring payment frequency

◯ Monthly ◯ Annually