Government of South Australia
SA Health

SA Ambulance Service

SA Ambulance Service
ACE application form

Fees current from 1 August, 2017

☐ 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.)

ACE (non-emergency cover in South Australia only) ☐ ACE Family ($42.75) ☐ ACE Single ($21.20)

ACE Plus (non-emergency cover Australia-wide) ☐ ACE Plus Family ($72.75) ☐ ACE Plus Single ($36.20)

Ambulance Cover member's name (Please print)

(Mr/Mrs/Ms/Miss/Dr) 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	Sex	Full-time student (18-25 years)
				/ /	M/F	Yes / No
				/ /	M/F	Yes / No
				/ /	M/F	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.

(Mr/Mrs/Ms/Miss/Dr) Given names	Family name	Date of birth

Residential address (must reside in South Australia)*

_____

Suburb/town: _____ Postcode: _____

Tel: Home ( ) _____ Bus ( ) _____

Email address: _____

Postal address

_____

Suburb/town: _____ Postcode: _____

Tel: Home ( ) _____ Bus ( ) _____

Email address: _____

*See Terms and Conditions.

Who is your private health insurance provider?

Please specify

*Please ensure that you are covered for emergency cases with your private health insurance provider. ACE will only cover non-emergency cases.

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.

Membership amount $	Donation amount $	Total amount $

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

Ambulance Cover is **not refundable in part or in full.** SA Ambulance Service gratefully accepts overpayments as a donation. Thank you.

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.com.au