Special Consideration form

Australian Unity
Real Wellbeing

Please use this form to request a special consideration of acceptance of late payment.

Extras only cover and Overseas Visitors Covers are not eligible for special consideration. You will not be able to apply for Special Consideration if you are more than six months behind in your health cover payments or have previously had Special Consideration approved.

1. Membership details

Membership Number | Date paid up until D D / M M / Y Y Y Y

Title | Date of birth | Sex M/F

Surname | First Name

If your contact details have changed, please complete below:

Postal address

Suburb | State | Postcode

Phone (home) | Mobile

Email

2. Cover details

Reason for special consideration

Please list all unpaid claims for services that were provided during the period that your membership was unpaid, and all pre-arranged or proposed claims:

	Outstanding claims	Proposed claims	Date of service
Hospital			
Dental			
Extras			
Total approximate cost			

 Australian Unity Health Limited ABN 13 078 722 568 | 271 Spring Street, Melbourne, VIC 3000

Please turn over page ›

3. Declaration Note

I declare that the above information provided on this form, including the summary of outstanding and proposed claims, is true and correct to the best of my knowledge. I understand that Australian Unity has the right to recover any monies for claims paid incorrectly during the unfinancial period. I acknowledge that acceptance of my late payment and reinstatement of membership is fully at the discretion of Australian Unity.

Member Signature

Date D D / M M / Y Y Y Y

Witness Signature

Date D D / M M / Y Y Y Y

Please Note: For the period the Membership is in Arrears and subject to eligibility for receiving Benefits, AUHL will not pay Benefits towards any treatment received by the Members during that period, until the Arrears are paid to us.

We handle your personal information in accordance with our Privacy Policy available at **australianunity.com.au/privacy** or by calling **13 29 39**.

Return by post

Australian Unity Health
Reply Paid 91943, Melbourne VIC 3000
(No stamp is required)

Email

customerservice@australianunity.com.au

Please return your completed and signed form to Australian Unity within 10 days.

Contact us

13 29 39
australianunity.com.au