

6 Change your level of cover

Complete

IMPORTANT: Please ensure you tick everything you would like cover for, not just the cover that is changing.

For example, if you want to change your hospital cover but keep your current level of extras, you need to tick both your new hospital cover and your existing extras cover.

My new cover Single Family Couple Commencement date / /

Hospital cover

YP1 <input type="checkbox"/> Platinum Hospital \$250 Excess	YG1 <input type="checkbox"/> Gold Hospital \$250 Excess	YM2 <input type="checkbox"/> Mid Hospital \$500 Excess
YP2 <input type="checkbox"/> Platinum Hospital \$500 Excess	YG2 <input type="checkbox"/> Gold Hospital \$500 Excess	YF2 <input type="checkbox"/> Mid Hospital with Pregnancy \$500 Excess

For Singles and Couples only: YB2 Basic Hospital \$500 Excess

H4 <input type="checkbox"/> Comprehensive Hospital No Excess	KX <input type="checkbox"/> Non Obstetrics Hospital \$250 Excess
K4 <input type="checkbox"/> Comprehensive Hospital \$250 Excess	JX <input type="checkbox"/> Non Obstetrics Hospital \$500 Excess
J4 <input type="checkbox"/> Comprehensive Hospital \$500 Excess	JE <input type="checkbox"/> Hospital Essentials \$500 Excess

Extras cover

UPL <input type="checkbox"/> Platinum 80%	U1A <input type="checkbox"/> Starter 60% with Smile	U2A <input type="checkbox"/> Starter 60% with Smile and Repair	US3 <input type="checkbox"/> Starter 60% with Smile, Repair and Health Boost
US0 <input type="checkbox"/> Starter 60%	U1B <input type="checkbox"/> Starter 60% with Repair	U2B <input type="checkbox"/> Starter 60% with Smile and Health Boost	
	U1C <input type="checkbox"/> Starter 60% with Health Boost	U2C <input type="checkbox"/> Starter 60% with Repair and Health Boost	

E3 <input type="checkbox"/> Super Extras	E2 <input type="checkbox"/> Comprehensive Extras	E7 <input type="checkbox"/> Basic Extras	E8 <input type="checkbox"/> Budget Extras (available only with hospital cover)
--	--	--	--

Combined cover

LPP <input type="checkbox"/> LifeChoice Plus No Excess	LCL <input type="checkbox"/> LifeChoice No Excess	SK <input type="checkbox"/> Smart Combination \$250 Excess
LPX <input type="checkbox"/> LifeChoice Plus \$250 Excess	LCX <input type="checkbox"/> LifeChoice \$250 Excess	SJ <input type="checkbox"/> Smart Combination \$500 Excess
LPJ <input type="checkbox"/> LifeChoice Plus \$500 Excess	LCJ <input type="checkbox"/> LifeChoice \$500 Excess	SME <input type="checkbox"/> Smart Essentials \$500 Excess

For Singles and Couples only: BA Care'n Repair \$500 Excess LB Smart Start \$100 Excess

Non-working visitors cover

TV1/TV2/TV3/TV4 <input type="checkbox"/> Top Overseas Visitors Cover	MV1/MV2/MV3/MV4 <input type="checkbox"/> Mid Overseas Visitors Cover
BV1/BV2/BV3/BV4 <input type="checkbox"/> Basic Overseas Visitors Cover	

Working visa cover

OHC <input type="checkbox"/> Workers Cover Plus No Excess	OHI <input type="checkbox"/> Workers Cover Plus \$500 Excess	OWC <input type="checkbox"/> Budget Workers Cover
---	--	---

*Please note: The changes to premiums following a change in cover will take effect from the commencement date of the change, and will be reflected by an adjustment to any future direct debit deductions

7 Declaration

Sign

I declare the information on this application to be true and correct. All terms and conditions are available by calling 13 29 39 or visiting australianunity.com.au/terms. I accept and agree to abide by the health benefit fund rules of Australian Unity Health Limited ABN 13 078 722 568, a summary of which is set out in the terms and conditions. I have read and understand the information contained in the product fact sheet and the member guide, including pre-existing conditions, waiting periods and benefit exclusions and restrictions. I authorise Australian Unity Health Limited to obtain from any previous fund, personal information about me or any others to be covered, for the purpose of continuity of health cover. I acknowledge that Australian Unity health benefit fund members may be eligible to become a member of Australian Unity Limited ABN 23 087 648 888 after completing 2 years of continuous membership. If I am eligible to be, or become eligible to be, a member of Australian Unity Limited, by signing this application form I also apply to become a member of Australian Unity Limited, and accept and agree to abide by its rules. I understand that this application does not become effective until Australian Unity accepts this application and I am notified in writing. I acknowledge that the personal information Australian Unity collects from me is collected for the purpose of processing this application, fulfilling Australian Unity's obligations in providing services to me, for the development of products and services, and to allow the Australian Unity Group to market products and services. By submitting this application form, I consent to the Australian Unity Group collecting and using this information for these purposes.

Signature of member Date / /

8 Returning your documents

Return

Please return your completed and signed form to Australian Unity by:

Mail: Australian Unity, Health Membership
 Reply Paid 64466, Melbourne VIC 8060
 (No stamp required)

Remember, check your fact sheet for a list of benefits, limits, waiting periods, pre-existing conditions, exclusions, and excesses that apply.