

# Your Direct Debit Request Service Agreement

## Our commitment to you

This document sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance in respect of your direct debit arrangement with Australian Unity.

## Terms of the Arrangement

In terms of the Direct Debit Request (DDR) arrangement made between us and authorised by you, we undertake to periodically debit your nominated account in accordance with your authority to direct debit.

## Drawing Arrangements

- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice when we intend to make changes to the initial terms of the arrangement.

## Your Rights

### Changes to the Arrangement

If you want to make changes to the drawing arrangement, please notify us in writing at least four business days prior to your next scheduled drawing date. These changes may include:

- Deferring the drawing; or
- Altering the schedule; or
- Stopping an individual debit; or
- Suspending the DDR; or
- Cancelling the DDR completely.

### Enquiries

If you have any enquiries they should be directed to Australian Unity, rather than to your financial institution. All information relating to the DDR held by us will remain confidential except for information that may be provided to our financial institution to initiate the drawing to your nominated account or information disclosed to a third party as required by law. Information may also be provided to Australian Unity Limited or any of its wholly-owned subsidiaries to enable this DDR to be effected.

### Disputes

- If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with Australian Unity.
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claims in accordance with their dispute resolution procedures.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

## Your commitment to us

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this); and
- On the drawing date there are sufficient cleared funds in the nominated account; and
- You advise us if the nominated account is transferred or closed; and
- That you contact us to advise when your credit card is due to expire, then provide new card details to ensure continuation of cover.

If your drawing is returned or dishonoured by your financial institution, we will notify you in writing. Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

### For more information

To find out more about Direct Debit visit our website at [australianunity.com.au](http://australianunity.com.au) or call us on **13 29 39**.

## Returning your documents

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)

**Email:** [customerservice@australianunity.com.au](mailto:customerservice@australianunity.com.au)

# Application Form



**OFFICE USE ONLY**

Membership/Customer number:

Campaign code:

Source code:

ID code:

## 1 Application details Select

I am applying for:  **Health Insurance** (Complete section 2 to 6 and section 8 to 12)  **Exclusive Lifestyle Packages** (Complete section 2, section 7 and section 9 to 12)

## 2 Your personal details Complete

Title  Surname  First name

Residential address  Date of birth   /   /   Sex (M/F)

State  Postcode  Telephone (home)

Postal address (if different from above)  (mobile)

State  Postcode  Referring member (Health Insurance applications only) Name

Email  Member number

## 3 Spouse/partner/dependant details Complete (Health Insurance only)

Are all people covered under this application permanent residents of Australia and entitled to full Medicare benefits?  YES or  NO (if no, call Australian Unity **13 29 39**)

Surname	First name	Sex M/F	Date of birth	Relationship to member	If dependant is a full-time student name of educational institution	Student number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4 Health Insurance details Complete (Health Insurance only)

**My new cover**  Single  Family  Couple Commencement date   /   /

**Hospital cover**

YP1  Platinum Hospital \$250 Excess YG1  Gold Hospital \$250 Excess YM2  Mid-Hospital \$500 Excess

YP2  Platinum Hospital \$500 Excess YG2  Gold Hospital \$500 Excess YF2  Mid-Hospital with Pregnancy \$500 Excess

For Singles and Couples only:

H4  Comprehensive Hospital No Excess KX  Non Obstetrics Hospital \$250 Excess JN  Mid-Hospital Non Obstetrics \$500 Excess

K4  Comprehensive Hospital \$250 Excess JX  Non Obstetrics Hospital \$500 Excess B2  Budget Hospital \$500 Excess

J4  Comprehensive Hospital \$500 Excess JE  Hospital Essentials \$500 Excess

**Extras cover**

UPL  Platinum 80% U1A  Starter 60% + Smile U2A  Starter 60% + Smile + Repair US3  Starter 60% + Smile + Repair + Health Boost

US0  Starter 60% U1B  Starter 60% + Repair U2B  Starter 60% + Smile + Health Boost

U1C  Starter 60% + Health Boost U2C  Starter 60% + Repair + Health Boost

E3  Super Extras E2  Comprehensive Extras E7  Basic Extras E8  Budget Extras (available only with hospital cover)

**Combined cover**

LPP  LifeChoice Plus No Excess LCL  LifeChoice No Excess SK  Smart Combination \$250 Excess

LPX  LifeChoice Plus \$250 Excess LCX  LifeChoice \$250 Excess SJ  Smart Combination \$500 Excess

LPJ  LifeChoice Plus \$500 Excess LCJ  LifeChoice \$500 Excess SME  Smart Essentials \$500 Excess

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

# Application Form



## 5 Australian Government Rebate on Private Health Insurance application Complete (Health Insurance only)

Please complete this section if you wish to apply to receive the Australian Government Rebate on Private Health Insurance as a reduced membership price.

Your Medicare card number           Valid to   /

Your full name as it appears on your Medicare card

Please select your Rebate tier in the table below.

Income tiers effective 1 July 2013	Tier breakdown			
	Income			
	<input type="checkbox"/> No Tier	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 3
<b>Singles</b>	\$88,000 or less	\$88,001 - \$102,000	\$102,001 - \$136,000	\$136,001+
<b>Couples/Families</b>	\$176,000 or less	\$176,001 - \$204,000	\$204,001 - \$272,000	\$272,001+

The table above shows rebate entitlement based on your income for Medicare Levy Surcharge purposes. For families with children, the thresholds are increased by \$1,500 for each child after the first. These thresholds increase annually in line with Average Weekly Ordinary Time Earnings.

Health insurers are not permitted to provide tax advice. For assistance in determining your appropriate tier please contact your registered tax agent or the Australian Tax Office at [ato.gov.au](http://ato.gov.au)

## 6 Transfer certificate request Complete (Health Insurance only)

Complete only if you are transferring from another fund to ensure you maintain your continuity of cover.

I am transferring from (name of previous fund)  Membership number

I hereby authorise Australian Unity to terminate my membership with the health fund above and obtain details about my membership. I further authorise Australian Unity to request a Transfer certificate to be sent from the above health fund within 14 days of receipt, addressed to Australian Unity Health Membership, 114 Albert Road, South Melbourne VIC 3205, or by secure email as required.

## 7 Exclusive Lifestyle Packages details and declaration Complete and Sign (Exclusive Lifestyle Packages only)

	Surname	First name	VC <input type="checkbox"/> Cosmetic Lifestyle Package	VA <input type="checkbox"/> Active Lifestyle Package
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand and acknowledge that Exclusive Lifestyle Packages are provided by Australian Unity Lifestyle Pty Ltd ACN 167 586 692. I understand that the Exclusive Lifestyle Package is a 12 month Agreement, and I have read, accepted and agreed to abide by the terms and conditions of that Agreement, which are set out in the Exclusive Lifestyle Packages Guide. I acknowledge that Exclusive Lifestyle Packages are not Private Health Insurance and no Australian Government Rebate will apply.

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 Agreement holder  Date   /   /   Signature of Agreement holder  Date   /   /

## 8 Health Insurance declaration Sign (Health Insurance only)

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](http://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 also confirm that where this form contains personal information about other persons, I have obtained all necessary consents to disclose that information to Australian Unity Health Limited, and have the authority to act on those persons' behalf. I authorise all such persons to make claims under my health cover as per the terms and conditions.

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 policy holder  Date   /   /

# Payment Details

## 9 Your first payment Complete

To promptly process your application and get you started immediately, your first payment to Australian Unity must be made by credit card or cheque.

I wish to make my first monthly payment of \$  by:  Credit card (complete details below)  Cheque

**Credit card details** – Card type  MasterCard  Visa

Card number           Expiry date   /

Name of cardholder  Cardholder's signature

## 10 Payment options Complete

I wish to pay by:

**Direct Debit** This gives you the peace of mind of knowing you are always up-to-date with your payments. By completing a simple Direct Debit Request below, your payments will be automatically deducted from your nominated account or credit card (complete section 11).

**Account notice** (Health Insurance only and received by mail) Frequency of account notice  Quarterly  Half yearly  Yearly

## 11 Direct Debit – where we'll deduct your payments from Complete

I/we request Australian Unity (IDD 141) to debit funds from my/our nominated account or credit card account according to the details specified below.

Please choose one option.

### OPTION 1. From your financial institution account

Name and branch of financial institution

Name of account holder  BSB No.   -   Account number

### OPTION 2. From your credit card

MasterCard  Visa Card number           Expiry date   /

Name of cardholder  Cardholder's signature (if not applicant)  Date   /   /

### Terms of agreement

Deduction to commence on:   /   /

Deduction amount: \$

### Frequency of deduction

Monthly  Quarterly\*  Half yearly\*  Yearly

\*Only available for health insurance

**Note: First Direct Debit payment will be on your nominated date and will then continue at your selected frequency.**

### By signing this application form, I declare that:

I authorise Australian Unity and related bodies corporate, until further notice, to debit my nominated account as per the terms of arrangement above. I have understood and read the Australian Unity Direct Debit Request (DDR) Service Agreement which is available for download at [australianunity.com.au/directdebit](http://australianunity.com.au/directdebit), which was enclosed with my guide and can be sent to me on request. I have obtained all necessary consent from joint account holders for deductions to be made by Direct Debit. I also authorise Australian Unity to alter the deduction amount should the price be changed, as from the date of such change, and where applicable, deduct any early termination fee of up to 3 months instalments under an Exclusive Lifestyle Package Agreement.

Signature of account holder  Date   /   /   Signature of account holder  Date   /   /

Note: If debiting from a joint account, all signatures are required.

## 12 Claims Credit/Refund – where we'll pay the money you get back Complete

Australian Unity pays any money you get back directly into your nominated financial institution account. This service is known as a claims credit or refund and is not available for credit card accounts. Please select one of the options below:

I authorise Australian Unity to directly credit money to:

The financial institution account as nominated in the Direct Debit section.  The financial institution account nominated below. (Select this option if you pay by credit card or to nominate a different account)

Name and branch of financial institution

Name of account holder  BSB No.   -   Account number

Signature of policy holder/agreement holder  Date   /   /

Amounts payable to your service providers are excluded from this authority. The Australian Unity Claims Credit and Refund service automatically credits any money you get back to your bank account, if you have already paid your service provider. All services must be provided by a private practitioner or registered service provider recognised by Australian Unity. Prior to your first consultation, please contact us to ensure that your practitioner or service provider is recognised. Members, customers or delegated authorities are the only people who can change this authority. We will pay into the most recently used account unless a new advice is received.