Change of Membership details form



This form is used to make changes to your Membership details.

1. Your membership d	etails						
Membership number							
Surname	First name						
Date of birth	Phone/Mobile						
2. I want to make chan	nges to						
My contact deta	ils (complete section 3) My income for the Australian Government Rebate						
Image: Weight of the section of the sectin of the section of the section of the section of the							
3. Change your addres	es details						
Residential address (no PO Box)							
Suburb	State Postcode						
Postal address (If different from above)							
Suburb	State Postcode						
Phone (home)	Mobile						
Email							
4. Change your Spous	e, Partner, Dependant details						
	nder this application eligible for Medicare? Yes No (If no, call Australian Unity 13 29 39) in the appropriate action below: A: Add R: Remove First name Sex Date M/F of birth Relationship If Dependant is a full-time student, name of Comparison M/F of birth to policyholder Educational Institution and student number date						
Changes effective from Changes effective from For more information about the eligibility rules to add a Partner, Spouse or Dependants please refer to our Private Health Insurance Member Guide which can be found at <u>australianunity.com.au/member-guide</u> or our Overseas Visitors Cover Member Guide which can be found at <u>australianunity.com.au/member-guide</u> or our Overseas Visitors Cover Member Guide which can be found at <u>australianunity.com.au/member-guide</u> or our Overseas Visitors Cover Member Guide which can be found at <u>australianunity.com.au/overseas</u>							
A partner or spouse covered by your policy will have automatic delegated authority. This means they will have the same authorisation as the policyholder (including access to personal information about all members on the policy), except they won't be able to cancel the policy, change the policyholder, remove the policyholder from the policy or nominate further delegated authorities.							
5. Transfer certificate	request						
If you are adding a Parti request a Transfer Certi	ner and/or Dependant and they were previously on a separate cover, please complete the section below so that we can ficate.						
Name(s)							
Previous fund	Previous fund membership no.						
	confirm I have permission to authorise, Australian Unity to terminate the membership with the health fund(s) above, se memberships, and request a Transfer Certificate from the above health fund(s).						



6. Change your income for Australian Government Rebate purposes

If you already receive the Australian Government Rebate through your Australian Unity cover, you can change the Rebate tier in the table below.

	Income tier breakdown (from 1 July 2023)							
	Base Tier	Tier 1	Tier 2	Tier 3				
Singles	\$93,000 or less	\$93,001 – \$108,000	\$108,001 - \$144,000	\$144,001 or more				
Families	\$186,000 or less	\$186,001 - \$216,000	\$216,001 - \$288,000	\$288,001 or more				

Effective from	DD	/	MM	/ Y	Y	Y	Y	Note: this must be within the last 30 days or a future day
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7. Change your level of cover

IMPORTANT: Please tell us whether you would like to keep or change your cover, and then if you are changing cover, select your chosen new cover.

For example, if you want to keep your Hospital cover but change your Extras cover, you need to tick 'Keep my cover' in the Hospital cover section and 'Change my cover' in the Extras cover section then tick the cover you would like.

We may at any time make changes to your cover. This may include adding or reducing the benefits or services available to you. We will ensure that we provide you with appropriate notice of these changes in accordance with the Private Health Insurance Act 2007, the Australian Consumer Law and the Private Health Insurance Code of Conduct, prior to the changes taking place. If you do not wish to continue under the changed cover, you have the option of transferring to a different cover or cancelling your Membership. If you do cancel, you're entitled to a refund of any premiums paid in advance.

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.

My new cover		Com	Imencement date DDD / WI WI / Y Y Y Note: this can not be a date in the past				
Hospital cover	Keep existing hospital cover Change my hospital cover – please choose a new hospital cover below:						
	CG3	X	Complete Hospital with \$750 Excess and \$100 daily co-payment (Gold)				
	VH2	Х	Value Hospital with \$500 Excess and \$100 daily co-payment (Silver Plus)				
	VH3	Х	Value Hospital with \$750 Excess and \$100 daily co-payment (Silver Plus)				
	IH2	Х	Intermediate Hospital with \$500 Excess (Silver Plus)				
	IH3	Х	Intermediate Hospital with \$750 Excess (Silver Plus)				
	MH2	Х	Midpoint Hospital with \$500 Excess (Silver Plus)				
	МНЗ	Х	Midpoint Hospital with \$750 Excess (Silver Plus)				
	ТН3	Х	Classic Hospital with \$750 Excess (Silver Plus)				
	CH2	Х	Core Hospital with \$500 Excess (Bronze Plus)				
	CH3	Х	Core Hospital with \$750 Excess (Bronze Plus)				
	SH2	Х	Standard Hospital with \$500 Excess (Bronze Plus)				
	SH3	Х	Standard Hospital with \$750 Excess (Bronze Plus)				
	YB2	Х	Simple Hospital with \$500 Excess (Basic Plus)				
	YB3	Х	Simple Hospital with \$750 Excess (Basic Plus)				



Extras cover	Keep existing extras cover Change my	extras cover – please choose a new extras cover below:
	PRE Prime Extras	MIE Mid Extras
	ACE Active Extras	BAE Base Extras
Combined cover	Keep existing combined cover Change r	ny combined cover – please choose a new combined cover below
	DH2 Advantage Choice Combination with \$500 Excess (Silver Plus)	EC3 Essential Choice with \$750 Excess (Bronze Plus)
	DH3 Advantage Choice Combination with \$750 Excess (Silver Plus)	YCB Simple Saver with \$500 Excess (Basic Plus)
	TC2 Top Choice with \$500 Excess (Silver Plus)	YCC Simple Saver with \$750 Excess (Basic Plus)
	TC3 Top Choice with \$750 Excess (Silver Plus)	BA Care 'n Repair with \$500 Excess (Basic Plus)
	EC2 Essential Choice with \$500 Excess (Bronze Plus)	BA3 Care 'n Repair with \$750 Excess (Basic Plus)
Overseas visi	tors cover	
Overseas visi Non-working visitors cover	tors cover	Change my non-working visitors cover – please choose a new non-working visitors cover below:
Non-working		
Non-working	Keep existing non-working visitors cover	
Non-working	Keep existing non-working visitors cover TV Top Overseas Visitors Cover	
Non-working visitors cover Please note: Non	Keep existing non-working visitors cover TV Top Overseas Visitors Cover MV Mid Overseas Visitors Cover BV Basic Overseas Visitors Cover	
Non-working visitors cover Please note: Non Please check who	Keep existing non-working visitors cover TV Top Overseas Visitors Cover MV Mid Overseas Visitors Cover BV Basic Overseas Visitors Cover ether your current Non-Working Visitors Covers meet the Austra ether your visa imposes condition 8501. Keep existing working visitors cover	non-working visitors cover below:
Non-working visitors cover Please note: Non Please check who Working	Keep existing non-working visitors cover TV Top Overseas Visitors Cover MV Mid Overseas Visitors Cover BV Basic Overseas Visitors Cover ether your current Non-Working Visitors Covers meet the Austra ether your visa imposes condition 8501. Keep existing working visitors cover	non-working visitors cover below:
Non-working visitors cover Please note: Non Please check who Working	Keep existing non-working visitors cover TV Top Overseas Visitors Cover MV Mid Overseas Visitors Cover BV Basic Overseas Visitors Cover BV Basic Overseas Visitors Cover Lee of our current Non-Working Visitors Covers meet the Austra ether your visa imposes condition 8501. Keep existing working visitors cover	non-working visitors cover below: lian Government's condition 8501 (adequate health insurance).



8. Declaration

I declare the information I have provided is complete and correct. I understand that giving false or misleading information is a serious offence. All terms and conditions are available by calling **13 29 39** or visiting <u>australianunity.com.au/phi-terms-and-conditions</u> or <u>australianunity.com.au/ovc-terms-and-conditions</u>. 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 and confirm I have permission to 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. Subject to meeting the membership eligibility criteria determined by the Board of Australian Unity Limited ('AUL'), the Board of AUL may determine that I will become a member of AUL. By becoming a health insurance policy holder I consent to become a member of AUL and agree to be bound by the constitution of AUL, in particular, I agree to contribute an amount not exceeding \$1 to the property of AUL in the event of AUL being wound up while I am a member of AUL or within 1 year afterwards as set out on the constitution of AUL. 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 in accordance with their Privacy Policy for the purpose of processing this application and fulfilling Australian Unity's obligations in providing services to me. I also consent to the Australian Unity Group using this information as outlined in the Policy for the development of products and services, and to market those products and services to me. Australian Unity's Privacy Policy is available by calling **13 29 39** or visiting australianunity.com.au/privacy-policy.

Signature of member	Date	D	D	7 M	\mathbb{N}	/	Y	Υ



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