

# Private Health Insurance application form

## OFFICE USE ONLY

Membership/Customer number:

Campaign code:

Source code:

ID code:

### 1. Membership details

Title  Date of birth  Sex M/F

Surname  First Name

Residential address (no PO Box)

Suburb  State  Postcode

Postal address (If different from above)

Suburb  State  Postcode

Phone (home)  Mobile

Email

We will use your email address to communicate with you, unless you tell us otherwise.

### Referring member

Name  Member number

### 2. Spouse / Partner / Dependant details

Provide details of all people covered by the policy (do not include yourself).

Are all people covered under this application eligible for Medicare?  Yes  No (If no, call Australian Unity 13 29 39)

Surname	First name	Sex M/F	Date of birth	Relationship to policyholder	If Dependant is a full-time student, name of Educational Institution & student number	Study end date

For more information about the eligibility rules to add a Partner, Spouse or Dependents please refer to our Member Guide which can be found at: [australianunity.com.au/member-guide](http://australianunity.com.au/member-guide)

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.

You can opt out of automatic partner delegated authority by ticking the box or by calling us.

### 3. Cover details

**My new cover** Commencement date   /   /     *Note: this can not be a date in the past*

- Hospital cover**
- CG3  Complete Hospital with \$750 Excess and \$100 daily co-payment (Gold)
  - VH2  Value Hospital with \$500 Excess and \$100 daily co-payment (Silver Plus)
  - VH3  Value Hospital with \$750 Excess and \$100 daily co-payment (Silver Plus)
  - IH2  Intermediate Hospital with \$500 Excess (Silver Plus)
  - IH3  Intermediate Hospital with \$750 Excess (Silver Plus)

- Hospital cover continued**
- MH2  Midpoint Hospital with \$500 Excess (Silver Plus)
  - MH3  Midpoint Hospital with \$750 Excess (Silver Plus)
  - TH2  Classic Hospital with \$500 Excess (Silver Plus)
  - TH3  Classic Hospital with \$750 Excess (Silver Plus)
  - CH2  Core Hospital with \$500 Excess (Bronze Plus)
  - CH3  Core Hospital with \$750 Excess (Bronze Plus)
  - SH2  Standard Hospital with \$500 Excess (Bronze Plus)
  - SH3  Standard Hospital with \$750 Excess (Bronze Plus)
  - YB2  Simple Hospital with \$500 Excess (Basic Plus)
  - YB3  Simple Hospital with \$750 Excess (Basic Plus)

- Extras cover**
- ESE  Easy Extras
  - FCE  Focus Extras
  - FRE  Freedom Extras
  - TPE  Top Extras
- Combined cover**
- DH2  Advantage Choice Combination with \$500 Excess (Silver Plus)
  - DH3  Advantage Choice Combination with \$750 Excess (Silver Plus)
  - TC2  Top Choice with \$500 Excess (Silver Plus)
  - TC3  Top Choice with \$750 Excess (Silver Plus)
  - EC2  Essential Choice with \$500 Excess (Bronze Plus)
  - EC3  Essential Choice with \$750 Excess (Bronze Plus)
  - YCB  Simple Saver with \$500 Excess (Basic Plus)
  - YCC  Simple Saver with \$750 Excess (Basic Plus)
  - BA  Care 'n Repair with \$500 Excess (Basic Plus)
  - BA3  Care 'n Repair with \$750 Excess (Basic Plus)

Please note, any advance payments do not lock in the terms & benefits of your product. 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.

#### 4. Application to receive the Australian Government Rebate on Private Health Insurance

Are you covered by this policy  Yes  No\* \* If no, do not proceed. Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees

Are all the people on the policy including yourself listed on a Medicare card or entitled to Medicare?  Yes  No\* \* If no, do not proceed. Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 13 20 11 or go to: [servicesaustralia.gov.au/medicare-card](https://servicesaustralia.gov.au/medicare-card)

Your Medicare card number  Card colour:  Green  Blue  Yellow

Valid to^ / /  ^ If you have a green Medicare card you only need to provide month and year. If you have an interim or reciprocal Medicare card please provide day, month, and year.

Your full name as it appears on your Medicare card

Date joined fund/Date we'll apply Rebate from / /



**8. Direct Debit – where we'll deduct your payments from**

I/we request Australian Unity (User ID: 000141) to debit funds from the nominated account or credit card account according to the details specified below.

Please choose one option.

**OPTION 1. From a financial institution account**

Name and branch of financial institution

Name of account holder

BSB No.  -  Account number

**OPTION 2. From a credit card**

Card type  MasterCard  Visa Expiry date  /

Card number

Name of cardholder (if not applicant)

Cardholder's signature  Date  /  /

**Terms of agreement**

Deduction to commence on:  /  /

**Frequency of deduction**

Fortnightly  Monthly  Quarterly  Half Yearly  Yearly

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 the nominated account as per the terms of arrangement above. I have read and agree to the Australian Unity Direct Debit Request (DDR) Service Agreement which is included in this form. I have obtained all necessary consent from all (including joint and third party) account holders for deductions to be made by Direct Debit. I also authorise Australian Unity to alter the deduction amount should the price change and effect this from the date of such a change.

Signature of account holder or authorised person  Date  /  /

**9. Claims Credit/Refund – where we'll pay the money you get back**

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. Policyholders 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.

## 10. Delegated authority

### (Authorisation for a nominated representative to act on your behalf)

- Australian Unity respects your privacy. Australian Unity will not discuss information about your membership with anybody else unless they are a partner on your policy or you authorise a person to speak on your behalf.
- Unless you have requested otherwise, a partner on your policy has automated authority and can access or make changes. You are not required to fill out this form to give them authority.
- By completing this form, you can authorise another person to access or make changes to your membership on your behalf.

### Nominated representative details

Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Ms	<input checked="" type="checkbox"/> Miss	<input checked="" type="checkbox"/> Dr	Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>					First name	<input type="text"/>									
Residential address	<input type="text"/>															
Suburb	<input type="text"/>					State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>					
Phone (home)	<input type="text"/>					Mobile	<input type="text"/>									
Email	<input type="text"/>															

## 11. Authorisation for delegated authority

As the Australian Unity health member above, I authorise Australian Unity to release my membership details and any other personal information (including health information) on the membership held by Australian Unity to the person nominated above (nominated representative). I also authorise Australian Unity to change or update the membership details and other personal information on the instructions of my nominated representative until further notice. This authority does not provide the nominated representative with the authority to cancel the policy, change the policyholder, remove the policyholder from the policy or nominate further delegated authorities.

Signature of member	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This authority remains valid until withdrawn.

## 12. Health insurance declaration

I declare the information I have provided is complete and correct. I understand that giving false or misleading information is a serious offence. 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 PHI Terms and Conditions. And I have read and understood the information contained in the product Fact Sheet and the Member Guide, including in relation to pre-existing conditions, waiting periods and benefit exclusions and restrictions. All documents are available by calling **13 29 39** or by visiting [australianunity.com.au/forms](http://australianunity.com.au/forms).

I acknowledge that, 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. The member rules and the constitution of AUL are available at [australianunity.com.au/investor-centre/who-we-are/corporate-governance](http://australianunity.com.au/investor-centre/who-we-are/corporate-governance).

I also confirm that where this form contains personal information about other people, I have obtained all necessary consents to disclose that information to Australian Unity Health Limited, and have the authority to act on their behalf. I authorise all members covered by this policy 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 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](http://australianunity.com.au/privacy-policy)

Signature of member	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy).

# 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. You also authorise us to alter the amount to be debited in the event of any changes to your Membership.

### 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, or 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 there has been an error in debiting *your account*, you should notify us directly and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. **Alternatively you can take it up directly with your financial institution.**
- If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to your query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted.
- If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your query* by providing you with reasons and any evidence for this finding in writing.

## Your commitment to us

It is your responsibility to ensure that:

- You have the necessary permission to authorise a debit from the nominated bank account, and
- The 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**.



### Return by post

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



### Email

[customerservice@australianunity.com.au](mailto: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](http://australianunity.com.au)