

Change of Membership details form

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

1. Your membership details

Membership number

Surname First name

Date of birth Phone/Mobile

2. I want to make changes to

My contact details (complete section 3) My income for the Australian Government Rebate on Private Health Insurance (complete section 6)

My spouse, partner or Dependant details (complete section 4) My level of cover (complete section 7)

3. Change your address 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 Spouse, Partner, Dependant details

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

Please select and fill in the appropriate action below: **A:** Add **R:** Remove

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

Changes effective from / / *Note: this can not be a date in the past*

For more information about the eligibility rules to add a Partner, Spouse or Dependents please refer to our Private Health Insurance Member Guide which can be found at australianunity.com.au/member-guide or our Overseas Visitors Cover Member Guide which can be found at australianunity.com.au/ovcmemberguide

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.

5. Transfer certificate request

If you are adding a Partner and/or Dependant and they were previously on a separate cover, please complete the section below so that we can request a Transfer Certificate.

Name(s)

Previous fund Previous fund membership no.

I hereby authorise, and confirm I have permission to authorise, Australian Unity to terminate the membership with the health fund(s) above, obtain details about those 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)			
	<input type="checkbox"/> Base Tier	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> 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

The table above shows rebate entitlement based on your income for Medicare Levy Surcharge purposes. Single parents and couples (including de facto couples) are subject to family tiers. For families with children, the thresholds are increased by \$1,500 for each dependent child (for tax purposes) after the first. These thresholds may increase annually on 1 July, based on growth in Average Weekly Ordinary Time Earnings. The Australian Government Rebate on Private Health Insurance does not apply to Overseas Visitor Cover. 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

Effective from / / *Note: this must be within the last 30 days or a future day*

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 Commencement date / / *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:

- PH3 Prime 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)
- MH2 Midpoint Hospital with \$500 Excess (Silver Plus)
- MH3 Midpoint Hospital with \$750 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

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 my combined cover – please choose a new combined cover below:

DH2 Advantage Choice Combination with \$500 Excess (Silver Plus)

AH3 Starter Classic Combination 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)

AH2 Starter Classic Combination with \$500 Excess (Bronze Plus)

BA3 Care 'n Repair with \$750 Excess (Basic Plus)

Overseas visitors cover

Non-working visitors cover

Keep existing non-working visitors cover

Change my non-working visitors cover – please choose a new non-working visitors cover below:

TV1, TV2, TV3, TV4 Top Overseas Visitors Cover

MV1, MV2, MV3, MV4 Mid Overseas Visitors Cover

BV1, BV2, BV3, BV4 Basic Overseas Visitors Cover

Please note: None of our current Non-Working Visitors Covers meet the Australian Government's condition 8501 (adequate health insurance). Please check whether your visa imposes condition 8501.

Working visa cover

Keep existing working visitors cover

Change my working visitors cover – please choose a new working visitors cover below:

OHC Workers Cover Plus with \$0 Excess

OPJ Mid Workers Cover with \$500 Excess

OHJ Workers Cover Plus with \$500 Excess

OWC Budget Workers Cover with \$0 Excess

OPC Mid Workers Cover with \$0 Excess

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 australianunity.com.au/phi-terms-and-conditions. 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	/	M	M	/	Y	Y	Y	Y
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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