



**Working visa cover**

- OHC  Workers Cover Plus No Excess      OHJ  Workers Cover Plus \$500 Excess  
 OPC  Mid Workers Cover No Excess      OPJ  Mid Workers Cover \$500 Excess  
 OWC  Budget Workers Cover

**Extras cover**

- ESE  Easy Extras      FRE  Freedom Extras  
 FCE  Focus Extras      TPE  Top Extras

**4. Transfer certificate request**

Complete only if you (and any Spouse/Dependants) are transferring from another Australian Health Insurance fund where you held Overseas Visitors Cover and/or Extras cover.

I am transferring from  Membership number (of previous fund)

**If separate cover:**

My Partner/Dependants

Transferring from  Membership number

I hereby authorise, and confirm I have permission to authorise Australian Unity to terminate my (and my Partner's/Dependant's) membership with the health fund(s) above, obtain details about those memberships, and request a Transfer Certificate from the above health fund(s).

**5. Your first payment**

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

**Credit card details** – Card type  MasterCard  Visa      Expiry date   /

Card number

Name of cardholder

Cardholder's signature

**6. Ongoing payment options**

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 7).

**Account notice** (received by mail or email)      Frequency of account notice  Quarterly  Half yearly  Yearly

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

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

Please choose one option.

**OPTION 1. From the following Australian 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 available 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  Date  /  /

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 Australian Consumer Law, 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.

**8. 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.

**9. 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 including cancelling your membership on your behalf. 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.

Title  Mr  Mrs  Ms  Miss  Dr Date of birth  /  /

Surname  First name

Residential address

Suburb  State  Postcode

Phone (home)  Mobile

Email

**10. 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, change the level of cover, or suspend/cancel the Membership on the instructions of my nominated representative until further notice. **This authority does not provide the nominated representative with the authority to nominate further delegated authorities, on my behalf.**

Signature of member  Date   /   /

**This authority remains valid until withdrawn.**

**11. Health insurance declaration**

I declare the information on this application to be true and correct and that 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 that can be found in the OVC Member Guide (this can be obtained by calling **1300 899 739** or visiting [australianunity.com.au/ovcforms](http://australianunity.com.au/ovcforms)). I have read and understand the information contained in the product fact sheet and the OVC Member Guide, including that regarding pre-existing conditions, waiting periods, benefit exclusions and restrictions.

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, and have the authority to act on those persons' behalf. I authorise all such persons to make claims on this policy. 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 **1300 899 739** or visiting [australianunity.com.au/privacy-policy](http://australianunity.com.au/privacy-policy)

I authorise Australian Unity to obtain from any previous fund, personal information about me or any others covered under this policy, for the purpose of continuity of health cover. I understand that this application does not become effective until acceptance of this application by Australian Unity who will forward a Membership Acceptance Confirmation to me.

Signature of member  Date   /   /

# 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 1300 899 739.



#### 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

1300 899 739  
[australianunity.com.au](http://australianunity.com.au)

