

Application form



OFFICE USE ONLY

Membership/Customer number:

Campaign code:

Source code:

ID code:

1. Your personal 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 permanent residents of Australia and entitled to full Medicare benefits? Yes No (If no, call Australian Unity **13 29 39**)

Surname	First name	Sex M/F	Date of birth	Relationship to member	If dependent is a full-time student name of Educational Institution	Student number

3. Health insurance details

My new cover Single Family Couple Commencement date / /

Hospital cover

UH2 Ultimate Hospital with \$500 Excess (Gold) IH2 Intermediate Hospital with \$500 Excess (Silver Plus)

UH3 Ultimate Hospital with \$750 Excess (Gold) IH3 Intermediate Hospital with \$750 Excess (Silver Plus)

TP1 Advanced Hospital with \$250 Excess (Silver Plus) SH2 Standard Hospital with \$500 Excess (Bronze Plus)

TP2 Advanced Hospital with \$500 Excess (Silver Plus) SH3 Standard Hospital with \$750 Excess (Bronze Plus)

TP3 Advanced Hospital with \$750 Excess (Silver Plus) YB2 Simple Hospital with \$500 Excess

TH1 Classic Hospital with \$250 Excess YB3 Simple Hospital with \$750 Excess

TH2 Classic Hospital with \$500 Excess _____

TH3 Classic Hospital with \$750 Excess

Please turn over page >

Extras cover

UPL	<input type="checkbox"/>	Advanced 80% Extras	BZE	<input type="checkbox"/>	Standard Extras
BGO	<input type="checkbox"/>	Classic Extras	BSE	<input type="checkbox"/>	Basic Extras
BSI	<input type="checkbox"/>	Intermediate Extras		<input type="checkbox"/>	_____
E2	<input type="checkbox"/>	Comprehensive Extras			

Combined cover

TC2	<input type="checkbox"/>	Top Choice with \$500 Excess	YCC	<input type="checkbox"/>	Simple Saver with \$750 Excess
TC3	<input type="checkbox"/>	Top Choice with \$750 Excess	BA	<input type="checkbox"/>	Care 'n Repair with \$500 Excess
LB	<input type="checkbox"/>	Smart Start with \$100 Excess	BA3	<input type="checkbox"/>	Care 'n Repair with \$750 Excess
YCB	<input type="checkbox"/>	Simple Saver with \$500 Excess		<input type="checkbox"/>	_____

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

Are you covered by the policy? YES or NO (if no) 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.

Your Medicare card number Valid to /
 Your full name as it appears on your Medicare card
 / /
 (Interim card holders only)

All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

Are all the people on the policy listed on a Medicare card or entitled to a Medicare card? YES or NO

You may be entitled to a Medicare card if you are:

- a person who lives in Australia, and
- an Australian citizen, or
- a holder of a permanent resident visa, or
- a New Zealand citizen, or
- an applicant for a permanent resident visa.

For more information about the Australian Government Rebate on Private Health Insurance, go to humanservices.gov.au/privatehealth

Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling **13 20 11** or go to:

humanservices.gov.au/customer/services/medicare/medicare-card

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Date rebate to apply from / /

Please turn over page >

Please select your Rebate tier in the table below.

	Income tier breakdown			
	<input type="checkbox"/> Base Tier	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 3
Singles	\$90,000 or less	\$90,001 – \$105,000	\$105,001 – \$140,000	\$140,001 or more
Couples / Families	\$180,000 or less	\$180,001 – \$210,000	\$210,001 – \$280,000	\$280,001 or more

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 may increase annually on 1 July, based on growth in Average Weekly Ordinary Time Earnings.

If at any stage you wish to stop receiving or nominate a new rebate tier for the Australian Government Rebate on Private Health Insurance as a reduced premium, you must notify Australian Unity as soon as possible. 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

5. Transfer certificate request

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 (of previous fund)

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.

6. Health insurance declaration

I declare the information in this application to be true and correct. 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, both of which are available by calling **13 29 39** or by visiting australianunity.com.au/health-insurance/tools/important-documents

Australian Unity Health Limited members may be eligible to become a member of Australian Unity Limited after completing 2 years of continuous membership. By applying to become a member of the Health Fund, I acknowledge that I am also applying to become a member of Australian Unity Limited, and I agree to abide by its rules.

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

Signature of member Date / /

Privacy Note: Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at www.humanservices.gov.au/privacy or by requesting a copy from the department.

7. 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 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 Expiry date /

Card number

Name of cardholder

Cardholder's signature

8. 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 9).
- Account notice** (received by mail or email) Frequency of account notice Quarterly Half yearly Yearly

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

I/we request Australian Unity (User ID: 000141) 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

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: / /

Deduction amount \$

Frequency of deduction

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 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, 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 change and effect this from the date of such a change.

Signature of account holder Date / /

Signature of account holder Date / /

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

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.

Please turn over page >

10. 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. 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.

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 or call us on 13 29 39.



Return by post

Australian Unity, Health Membership
Reply Paid 64466, Melbourne VIC 3205
(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