

Change of Membership details form



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

1. Your membership details

Membership number Sex M/F

Date of birth Title

Surname First name

2. I want to make changes to

My address details (complete section 3) My income for the Australian Government Rebate on Private Health Insurance (complete section 5)

My spouse, partner or Dependant details (complete section 4) My level of cover (complete section 6)

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	Student number
↓							

Changes effective from / /

A person is a Dependant if they are:

- under the age of 23 or a fulltime student under the age of 25;
- covered by your insurance cover and Australian Unity accepts the person as a Dependant on the cover; and
- not married or in a de facto relationship.

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 your partner and/or Dependents 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 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).

6. Change your income for Australian Government Rebate purposes

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
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 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

Date joined fund / Date we will apply Rebate from / /

If different from above, date you wish Rebate to apply from / / (note this can only be backdated up to 1 July of the previous financial year)

7. Change your level of cover

IMPORTANT: Please tell us the new cover you would like, then tell us the cover you would like to keep or change.

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.

My new cover Single Single Parent Family Family Couple

Commencement date / /

Hospital cover Keep existing hospital cover Change my hospital cover – please choose a new hospital cover below:

- | | |
|--|--|
| UH2 <input type="checkbox"/> Ultimate Hospital with \$500 Excess (Gold) | IH2 <input type="checkbox"/> Intermediate Hospital with \$500 Excess (Silver Plus) |
| UH3 <input type="checkbox"/> Ultimate Hospital with \$750 Excess (Gold) | IH3 <input type="checkbox"/> Intermediate Hospital with \$750 Excess (Silver Plus) |
| TP1 <input type="checkbox"/> Advanced Hospital with \$250 Excess (Silver Plus) | SH2 <input type="checkbox"/> Standard Hospital with \$500 Excess (Bronze Plus) |
| TP2 <input type="checkbox"/> Advanced Hospital with \$500 Excess (Silver Plus) | SH3 <input type="checkbox"/> Standard Hospital with \$750 Excess (Bronze Plus) |
| TP3 <input type="checkbox"/> Advanced Hospital with \$750 Excess (Silver Plus) | YB2 <input type="checkbox"/> Simple Hospital with \$500 Excess (Basic Plus) |
| TH1 <input type="checkbox"/> Classic Hospital with \$250 Excess (Silver Plus) | YB3 <input type="checkbox"/> Simple Hospital with \$750 Excess (Basic Plus) |
| TH2 <input type="checkbox"/> Classic Hospital with \$500 Excess (Silver Plus) | |
| TH3 <input type="checkbox"/> Classic Hospital with \$750 Excess (Silver Plus) | |

Extras cover Keep existing extras cover Change my extras cover – please choose a new extras cover below:

- | | |
|--|--|
| PRE <input type="checkbox"/> Prime Extras | MIE <input type="checkbox"/> Mid Extras |
| ACE <input type="checkbox"/> Active Extras | BAE <input type="checkbox"/> Base Extras |

Combined cover

Keep existing combined cover Change my combined cover – please choose a new combined cover below:

- | | |
|--|--|
| DH2 <input type="checkbox"/> Advantage Choice Combination with \$500 Excess (Silver Plus) | BH3 <input type="checkbox"/> Starter Choice Combination with \$750 Excess (Bronze Plus) |
| DH3 <input type="checkbox"/> Advantage Choice Combination with \$750 Excess (Silver Plus) | AH2 <input type="checkbox"/> Starter Classic Combination with \$500 Excess (Bronze Plus) |
| FH2 <input type="checkbox"/> Advantage Classic Combination with \$500 Excess (Silver Plus) | AH3 <input type="checkbox"/> Starter Classic Combination with \$750 Excess (Bronze Plus) |
| FH3 <input type="checkbox"/> Advantage Classic Combination with \$750 Excess (Silver Plus) | YCB <input type="checkbox"/> Simple Saver with \$500 Excess (Basic Plus) |
| TC2 <input type="checkbox"/> Top Choice with \$500 Excess (Silver Plus) | YCC <input type="checkbox"/> Simple Saver with \$750 Excess (Basic Plus) |
| TC3 <input type="checkbox"/> Top Choice with \$750 Excess (Silver Plus) | BA <input type="checkbox"/> Care 'n Repair with \$500 Excess (Basic Plus) |
| BH2 <input type="checkbox"/> Starter Choice Combination with \$500 Excess (Bronze Plus) | BA3 <input type="checkbox"/> Care 'n Repair with \$750 Excess (Basic Plus) |

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.

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

Working visa cover

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

- | | |
|---|---|
| OHC <input type="checkbox"/> Workers Cover Plus with \$0 Excess | OPJ <input type="checkbox"/> Mid Workers Cover with \$500 Excess |
| OHJ <input type="checkbox"/> Workers Cover Plus with \$500 Excess | OWC <input type="checkbox"/> Budget Workers Cover with \$0 Excess |
| OPC <input type="checkbox"/> Mid Workers Cover with \$0 Excess | |

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.

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/terms. 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 / /



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