

# Change of Membership details form



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

## 1. Your membership details

Membership number	<input type="text"/>	Sex M/F	<input type="text"/>
Date of birth	<input type="text"/>	Title	<input type="text"/>
Surname	<input type="text"/>	First name	<input type="text"/>

## 2. I want to make changes to

<input type="checkbox"/> My address details (complete section 3)	<input type="checkbox"/> My income for the Australian Government Rebate on Private Health Insurance (complete section 5)
<input type="checkbox"/> My spouse, partner or dependent details (complete section 4)	<input type="checkbox"/> My level of cover (complete section 6)

## 3. Change your address details

Residential address (no PO Box)	<input type="text"/>										
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address (If different from above)	<input type="text"/>										
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (home)	<input type="text"/>	Mobile	<input type="text"/>								
Email	<input type="text"/>										

## 4. Change your spouse, partner, dependent details

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)

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

	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
↓							

Changes effective from  /  /  /

Do any of the above persons being added on this cover have any ailment, disability, illness or condition that may require treatment?

Yes or  No If yes, please provide details of condition(s)

Please turn over page >

## 5. 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
<b>Singles</b>	\$90,000 or less	\$90,001 – \$105,000	\$105,001 – \$140,000	\$140,001 or more
<b>Couples / Families</b>	\$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. 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](http://ato.gov.au)

Effective from (note this must be within the last 30 days)   /   /

## 6. Change your level of cover

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

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.

**My new cover**  Single  Family  Couple Commencement date   /   /

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

**Hospital cover**

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
TH1 <input type="checkbox"/> Classic Hospital with \$250 Excess	YB3 <input type="checkbox"/> Simple Hospital with \$750 Excess
TH2 <input type="checkbox"/> Classic Hospital with \$500 Excess	<input type="checkbox"/>
TH3 <input type="checkbox"/> Classic Hospital with \$750 Excess	<input type="checkbox"/>

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

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	

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 canceling your Membership. If you do cancel, you're entitled to a refund of any premiums paid in advance.

**Combined cover**

Keep existing cover

Change my cover – please choose a new cover below:

- |     |                          |                                |     |                          |                                  |
|-----|--------------------------|--------------------------------|-----|--------------------------|----------------------------------|
| 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 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**

- 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**

- OHC  Workers Cover Plus No Excess
- OHW  Workers Cover Plus \$500 Excess
- OWC  Budget Workers Cover OWC

\*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

**7. Declaration**

I declare the information on this application to be true and correct. 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 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. I acknowledge that Australian Unity health benefit fund members may be eligible to become a member of Australian Unity Limited ABN 23 087 648 888 after completing 2 years of continuous membership. If I am eligible to be, or become eligible to be, a member of Australian Unity Limited, by signing this application form I also apply to become a member of Australian Unity Limited, and accept and agree to abide by its rules. 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 for the purpose of processing this application, fulfilling Australian Unity's obligations in providing services to me, for the development of products and services, and to allow the Australian Unity Group to market products and services. By submitting this application form, I consent to the Australian Unity Group collecting and using this information for these purposes.

Signature of member

Date   /   /



**Return by post**

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