

Special Consideration form

Please use this form to request a special consideration of acceptance of late payment.

Extras only cover and Overseas Visitors Covers are not eligible for special consideration. You will not be able to apply for Special Consideration if you are more than six months behind in your health cover payments or have previously had Special Consideration approved.

1. Membership details

Membership Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date paid up until	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Title	<input type="text"/>	Date of birth	<input type="text"/> Sex M/F <input type="text"/>
Surname	<input type="text"/>	First Name	<input type="text"/>

If your contact details have changed, please complete below:

Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Phone (home)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

2. Cover details

Reason for special consideration

Please list all unpaid claims for services that were provided during the period that your membership was unpaid, and all pre-arranged or proposed claims:

	Outstanding claims	Proposed claims	Date of service
Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dental	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extras	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total approximate cost	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Declaration Note

I declare that the above information provided on this form, including the summary of outstanding and proposed claims, is true and correct to the best of my knowledge. I understand that Australian Unity has the right to recover any monies for claims paid incorrectly during the unfinancial period. I acknowledge that acceptance of my late payment and reinstatement of membership is fully at the discretion of Australian Unity.

Member
Signature

Date / /

Witness
Signature

Date / /

Please Note: That pursuant to Rule C 8.1 of the Australian Unity (Health Benefits Fund) Rules, at the expiration of two months from the date on which a member becomes unfinancial, if the member has not paid all contributions due, membership of the fund and entitlements to benefits shall cease. Rule E.1.3(b) states that the Fund shall have no liability for any claim in respect of services or treatment rendered on or after the date on which a member becomes unfinancial.

We handle your personal information in accordance with our Privacy Policy available at australianunity.com.au/privacy or by calling **13 29 39**.



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