## **Registering Individual Details Form**



Please complete, sign and return to **Police Health**PO Box Reply Paid 6111 Halifax Street Adelaide SA 5000 - enquiries@policehealth.com.au

Police Health can hold individual address and account payee details for individuals registered under a family membership.

By completing this form you understand that the account and/or address details you provide will be used for claims lodged by you, for you and for all future correspondence relating to you.

1	Details			MEMBERSHIP NUMB	BER		
Surn	rname Given Names						
Posta	Postal Address Postcode						
Telep	ohone:	Home	Work	Mobile			
Email				DO	DOB		
2	A	Dataila Dataila af account		tid to be 16 dt66s on a b for an area and a subtra			
Account Details - Details of account you wish to have eligible benefits paid into if different from membership							
Please complete this section to provide the details of the account you wish to have eligible benefits paid into for this claim only. Where an insured person is 14 years and over and has provided us with their separate direct debit details, benefits will be paid into their account.							
BSB Account Number Account Number							
Account Name							
Resid	dential Addr	ress (if different from membership	))		Postcode		
Posta	al Address (i	if different from membership)			Postcode		
3	Declarat	ion - Please ensure this section	n is completed				
	I request that Police Health keep my address, phone number, financial institution information and details of my benefit claiming history private from all other person(s) on the policy.						
I acknowledge that Police Health will use best endeavors to keep my details private in accordance with Police Health's Privacy Policy.							
I declare that:							
The information in this form is true and complete and agree to be bound by the rules of the fund.							
•	Police Health has made me aware of the Privacy Policy and its availability to me, and I have read the Privacy Notice on the reverse side of this form.						
	• I consent to the use and disclosure of my personal information, including health information, in accordance with the Privacy Policy, and note that personal information about a person insured on the health insurance policy may be disclosed to other people insured under the same health insurance policy.						
	I authorise Police Health to collect and authorise any third party to supply from time to time full and complete details of all or any information necessary to the assessment of any claim or operation of the health insurance policy.					t of	
Print Name							
Signe	ed			Date			

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COVER LIKE NO OTHER

## 4 Privacy Notice

In this Privacy Notice, reference to "we", "us" or "our" is reference to Police Health Limited (ABN 86 135 221 519), the registered not for profit, restricted access private health insurer, including the brands Police Health and Emergency Services Health. Reference to "you" or "your" is reference to a customer or a person insured under a private health insurance policy.

Like all health insurers, we are required to collect personal information.

We respect your privacy and treat this information confidentially and store it securely.

Personal information is collected and managed by us in accordance with our Privacy Policy (available at www.policehealth.com.au) and the Australian Privacy Principles. You should read and be familiar with the Privacy Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Notice contains a summary of some important issues, but the Privacy Policy has

We will collect personal information from you, a responsible person, or a third party, either directly or indirectly, when:

- You apply for membership with us to purchase a health insurance policy, and if
  accepted, you are the policy holder (Contributor) of the policy.
- You are a dependent (spouse or child) of a Contributor and the Contributor holds or has applied to purchase a health insurance policy which covers you.
- A claim for benefit is made on your health insurance or when dealing with us through one of our communication channels.

Personal information collected includes names, addresses, ages, bank account details, telephone numbers, email addresses and sensitive (health) information.

You should be aware that once you have been accepted by us and you are insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It is necessary for us to collect your personal information when you or a responsible person on your behalf interact with us, especially when making a claim for health treatment either by post, facsimile, through electronic channels or through a third party such as a hospital, medical practitioner or other service provider who may claim directly from us on your behalf.

Collection and disclosure of your personal information is required by us, and is permitted under the Private Health Insurance Act 2007 and the Australian Privacy Principles. We collect personal information for the purposes described in the Privacy Policy and, in particular to manage the health insurance and health-related services we provide.

If we do not receive the necessary information or the information is not accurate or complete, then we will not be able to provide you with our services, including:

- Processing your application for a health insurance policy and insuring you or other people on the health insurance policy.
- Providing services associated with billing and claiming of benefits.
- Effectively dealing with your enquiries, issues or complaints.
- Providing you with other benefits and services in relation to your health insurance cover.

Personal information may also be used in advising you of direct marketing offers such as products or services provided by us, or in conjunction with other organisations, which we consider may be of interest to our members.

We may need to disclose personal information to other people insured under the same health insurance policy, government agencies, other health insurers, organisations or individuals with whom we contract for services, health service providers, financial institutions and your employer. We are not likely to disclose personal information to overseas recipients.

The Privacy Policy contains further information on how you may:

- Have reasonable access to and seek correction of your personal information;
- Complain to us about a breach of the Australian Privacy Principles and how we will
  deal with such a complaint.

Our contact details may be found on our forms, brochures and websites.

The policy holder (Contributor) or another insured person must only provide personal information relating to other people on the policy if authorised to do so.

It is important that all persons (currently insured, or who become insured, or considering joining us) are aware of and understand this Notice and our Privacy Policy. It is the responsibility of the policy holder (Contributor) to ensure that every other person covered under the policy is aware of this Notice and the Privacy Policy. Other people on the policy should be made aware that the policy holder (Contributor) receives and can view through our On-line Member Services (OMS) all information relating to their claims for benefits and hence the policy holder (Contributor) has access to their health information, unless an individual has requested their claims information be kept private in which case claims information will not be shown on OMS.

If any insured person aged 18 years or older wishes to ensure that their personal information is not disclosed to other people on the policy, they should purchase their own health insurance policy.

A copy of our Privacy Policy can be obtained from our website at www.policehealth. com.au or by contacting our office. The Australian Privacy Principles, and information about privacy, are available from the website of the Office of the Australian Information Commissioner at www.oiac.gov.au.