Anything but ordinary.

If you had an ordinary job, all you'd need is an ordinary health fund. But you don't, and that's why you have us.

Application & Variation Form

We've got your back.

serving police and their families SINCE 1935

80% benefits for most extras

on the spot claiming

speak to a REAL PERSON

2 working day turnaround ON CLAIMS

over 50,000 members

over 20,000 POLICIES across Australia

Why take out private health insurance?

lifetime health cover

government rebate

medicare levy surcharge

We understand what it's like to be part of the thin blue line. Because we're part of it too.

For more than 80 years, we've been run by police for police and their families, and because we're not-for profit, everything we do is about giving back to the policing community.

Application and Variation Form

This Application and Variation form will help make sure we get all the information we need to best take care of your health insurance needs. With this form you can:

- Sign up as a new member
- Modify your listed dependents
- Change your level of cover
- Update your payment details.

If you have any questions, please don't hesitate to contact us.

P. 1800 603 603
E. enquiries@policehealth.com.au

OFFICE HOURS

Monday, Wednesday to Friday
8.30 am - 4.45 pm (SA Time)

Tuesday
9.30 am - 4.45 pm (SA Time)

To complete this form, please:

- Use a blue or black pen
- Write in block capital letters
- Tick (don't cross) inside the boxes.

Alternately, you can complete a digital version of this form by downloading it at our website **policehealth.com.au**

Submitting this form

Once you have completed this form, please send it back to us via post or email:

Post Reply Paid 6111, Adelaide SA 5000

Email enquiries@policehealth.com.au

For more information on our cover, see your State Premiums & Benefits Guide.

Application/Variation Form

Police Health Limited ABN 86 135 221 519.
A registered, not-for-profit, restricted access private health insurer. Call 1800 603 603. Visit policehealth.com.au
Fax: 1800 008 554. Email enquiries@policehealth.com.au Reply Paid 6111, ADELAIDE SA 5000

PROMO CODE

REASON FOR APPLICATION / VARIATION

Tick which applies:

- ☐ **New member** Complete all sections
- ☐ **Add/delete dependents** Complete sections 2, 3, & 10
- ☐ **Change of cover** Complete sections 2, 4 & 10
- ☐ **Payment Changes** Complete sections 2, 5, 6, 7, 8 & 10

1. ELIGIBILITY TO JOIN POLICE HEALTH

As Police Health is a restricted access private health insurer, eligibility is largely restricted to police and their family. You may either be eligible through your 'police employment' or through your relationship to such a person. Once you have established this eligibility, you can choose a single policy for yourself or a family policy to cover yourself and your dependents. You must be able to select at least one of the following criteria to be eligible to be a policy holder with Police Health:

Tick one: ☐ **I am** ☐ **I am a relative of the following:**

Choose one:

☐ A person currently employed by a State, Territory or Federal police department/service or association/union

Name of police department/service/association/union:

☐ A person who was covered by a Police Health policy at any time before 12 October 2007

Name of Policy Holder/Membership no. if known:

☐ A past employee of a State, Territory or Federal police department/service or association/union who worked for them at any time since 1 January 2001 (or prior 1 January 2001 where employment was with SA Police)

Name of police department/service/association/union:

☐ A person who is an employee of Police Health or an approved contractor

Name of approved contractor:

☐ A current police recruit enrolled in a State, Territory or Federal police academy

If you are a relative of the person above, please select your relationship to them:

I am their: ☐ Partner ☐ Former partner ☐ Dependent child ☐ Adult child ☐ Adult Child's partner ☐ Adult child's child

Name of person I am related to

2. YOUR DETAILS (CONTRIBUTOR)

Title

First and middle names

Existing membership number if (relevant)

Surname

Email

Home phone

Work phone

Mobile

2. YOUR DETAILS (cont.)

Residential address line 1

Residential address line 2 State Postcode

Postal address line 1 (if different from residential address)

Postal address line 2 State Postcode

Date of birth / /

Gender

☐ Male ☐ Female

Communication preference Our primary communication is through email. If you'd prefer to receive your information by post, please tick this box. ☐

3. FAMILY MEMBERS TO BE INCLUDED ON YOUR POLICY

Partner/Spouse Details

Title First and middle names

Surname

Residential address line 1

Residential address line 2 State Postcode

Postal address line 1 (if different from residential address)

Postal address line 2 State Postcode

Date of birth / /

Gender

☐ Male ☐ Female

Email

Home phone Work phone Mobile

Partner/Spouse Authority (cont.)

Communication preference Our primary communication is through email. If you'd prefer to receive your information by post, please tick this box. ☐

Partner/Spouse authority If you wish to give your partner (as listed on this form) authority to operate this membership please tick this box.* ☐

*Please acknowledge that your spouse/partner has rights under your membership such as viewing information, making claims and adding dependents. If you tick this box you give them full authority to act as you in making policy changes, however they will not be able to cancel the policy or remove you from the policy. You also acknowledge that you remain responsible for your membership and for the actions of the authorised person, that authorisation is given at your own risk and that you will have no recourse against Police Health for any acts or omissions by the authorised person. This authority will remain in place until you contact us to revoke it. To authorise someone other than your partner, please contact us.

Additional Family Member Details

CHILD DEPENDENT 1

First and middle names

Date of birth / /

Surname

Gender ☐ Male ☐ Female

Relationship

The dependent listed is a full-time student and they are not married or in a defacto relationship* ☐ Yes ☐ No

School, college or university being attended on a full-time basis

Date commenced as full-time student / /

CHILD DEPENDENT 2

First and middle names

Date of birth / /

Surname

Gender ☐ Male ☐ Female

Relationship

The dependent listed is a full-time student and they are not married or in a defacto relationship* ☐ Yes ☐ No

School, college or university being attended on a full-time basis

Date commenced as full-time student / /

CHILD DEPENDENT 3

First and middle names

Date of birth / /

Surname

Gender ☐ Male ☐ Female

Relationship

The dependent listed is a full-time student and they are not married or in a defacto relationship* ☐ Yes ☐ No

School, college or university being attended on a full-time basis

Date commenced as full-time student / /

Note: Student declaration is for the current calendar year only. A new application to register student dependents must be lodged by the 1st of March each year, we will forward you a request each year. *Children who are married or in a defacto relationship will require their own membership.

4. HEALTH COVER REQUIRED

- ☐ **Family/Couple**
- ☐ **Single**
- ☐ **Single Parent Family**

- ☐ Top Hospital ONLY
- ☐ SureCover Extras ONLY

- ☐ Platinum Health Combined Top Hospital and SureCover Extras
- ☐ Platinum Plus Platinum Health plus older non-student dependent children. See brochure for eligibility.

5. APPLICATION FOR AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE

Please complete and sign this section if you wish to receive the Australian Government Rebate on private health insurance as a reduced premium. **All persons on your membership must be eligible for Medicare for you to receive the rebate.**

Are all people listed on the policy listed on a Medicare Card or entitled to a Medicare Card? ☐ Yes ☐ No

You may be entitled to a Medicare card if you are **a person who lives in Australia** and you are:

- an Australian citizen, or
- a holder of a permanent resident visa, or
- a New Zealand citizen, or
- an applicant for a permanent resident visa.

Your name as it appears on your Medicare card

Your Medicare no.

Reference no.

Medicare card valid to /

Are you applying for the Rebate for a policy you are covered under? ☐ Yes ☐ No

If no, applicants not covered by the policy cannot claim the Rebate (excluding child only policies) and employers and trustees of organisations cannot claim the Rebate on policies paid on behalf of employees.

- ☐ Base Tier (full Rebate)
- ☐ Tier 1
- ☐ Tier 2
- ☐ Tier 3 (no Rebate)

Date to commence Rebate / /

Household Income	Base Tier	Tier 1	Tier 2	Tier 3
Singles	$90 000 or less	$90 001 to $105 000	$105 001 to $140 000	$140 001 or more
Family/ Couples*	$180 000 or less	$180 001 to $210 000	$210 001 to $280 000	$280 001 or more

* Income thresholds increase by $1500 for every child after the first.

Please refer to the State Premiums & Benefits Guide for more information.

Declaration I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence.

Signature Date / /

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, simply let us know and we'll make the change for you. For more information about the Australian Government Rebate on Private Health Insurance, go to **humanservices.gov.au/privatehealth**

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

6. PAYMENT OPTIONS

☐ **Direct debit (fortnightly only)**

☐ **Renewal Notice** Please send my Renewal Notice: ☐ Quarterly ☐ Half yearly ☐ Yearly

7. DIRECT DEBIT REQUEST

Please complete your account details and sign for direct debit deductions.

Financial Institution

Account name

BSB -

Account number

I request and authorise Police Health, user ID 049196, to arrange, through its own financial institution, a debit to my nominated account any amount Police Health has deemed payable by myself. This debit or charge will be made through Bulk Electronic Clearing System (BECS) from my account held at the financial institution nominated above and will be subject to the terms and conditions of the Direct Debit Service Agreement available on the Police Health website.

Signature Date / /

8. ACCOUNT TO PAY CLAIMS INTO

Please complete your account details and sign for direct credit transactions if your account details are different and/or you have left section 7 blank.

☐ Where applicable, please pay to my nominated bank account when paying benefits.

Note: If your partner/spouse wishes to register their own bank account details for their claims please complete the *Registering Partner's Details Form* on our website.

Financial Institution

Account name

BSB -

Account number

Account Holder Signature Date / /

9. TRANSFERRING FROM ANOTHER HEALTH FUND

All Australian registered health funds are required to issue you with a clearance certificate when you cancel your health cover with them. When you transfer from another insurer you'll be able to access the same or equivalent level of benefits once we receive a clearance certificate that tells us what you were covered for with your previous insurer. By completing this section you authorise Police Health to terminate your cover and receive your clearance certificate on your behalf.

I authorise Police Health to terminate my health cover with your organisation (if still current) from the cancellation date and obtain details about my health cover (Including my Lifetime Health Cover LHC certified age of entry held with previous fund). Please issue a clearance certificate to Police Health. I declare that I have obtained consent from all transferring adults for Police Health to act on their behalf in obtaining their clearance certificate. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Previous fund name

Membership number

Member name on policy

Partner name on policy

9. TRANSFERRING FROM ANOTHER HEALTH FUND (cont.)

My previous cover:

☐ Hospital ☐ Extras ☐ Combined Date joined __ / __ / __ Date paid to __ / __ / __

List of persons covered on membership

Please cancel my previous cover from: __ / __ / __ This is the date your membership will commence with Police Health.

Member Signature Date __ / __ / __

Partner Signature Date __ / __ / __

10. DECLARATION

I declare that:

- The statements in this application are true and complete and I agree to be bound by the Rules of the Fund. I acknowledge that this application form and the Health Fund brochure do not contain all the Rules of Police Health and I understand the pre-existing condition rule and other waiting periods.
- Police Health has made me aware of the Privacy Policy and its availability to me, and I have made, or will make, other people on the application aware of the statement's availability.
- I acknowledge, where practicable, information is provided with the consent of the individual to whom it relates and I confirm I have the authority to act on behalf of other persons named in this Application Form.
- I (and on behalf of the other persons) consent to the use and disclosure of my (or our) personal information, including health information, in accordance with the APP 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 (and on behalf of the other persons) 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 any operation of the health insurance policy.

Signature Date __ / __ / __

Police Health and your Privacy: Police Health is committed to protecting all personal information entrusted to us. Police Health ensures all personal information that we collect is treated and stored confidentially. For further information see our Privacy Policy at **policehealth.com.au.**

Membership Correspondence: Police Health will communicate with you and other insured persons, if any, about the membership and any transactions undertaken.

News: Police Health will provide you or other insured persons with newsletters, updates and general product information unless you tell us not to.

Marketing Communications: I/We agree to Police Health using my/our personal information (including sensitive information) to provide me/us with information on products and services, and relevant promotions and offers (whether provided by Police Health or other parties). ☐ Yes ☐ No

Privacy Notice

Like all health insurers, Police Health is required to collect personal information. We respect your privacy, treat this information confidentially and store it securely. We collect and manage personal information in accordance with the Police Health Privacy Policy and the Australian Privacy Principles. You should read and be familiar with the Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Privacy Notice contains a summary of some important issues, but the Policy has more detail. Police Health will collect personal information from you, a responsible person, or a third party, either directly or indirectly, when:

- You apply for membership with Police Health to purchase a health insurance policy, and if accepted, you're the policy holder (Contributor) of the policy.
- You're a dependent (spouse, partner or child) under a health insurance policy and the policy holder (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 Police Health through one of its communication channels.

Personal information collected includes names, addresses, age, bank account details, telephone numbers, email addresses and sensitive (health) information. Once we've accepted you, and you're insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It's 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 by us is required, and, depending on the information, is also required under the Private Health Insurance Act 2007 and Private Health Insurance (Prudential Supervision) Act 2015. We collect personal information for the purposes described in the Privacy Policy and, in particular to manage the health insurance and health-related services it provides. If we do not receive the necessary information or the information is not accurate or complete, then we won't 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 or in conjunction with Police Health, 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 Privacy Policy and how we will deal with such a complaint. Our contact details can be found on the front of this Application Form.

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's important that all persons (currently insured, or who become insured, or consider joining Police Health) 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, and where the policy holder (Contributor) has supplied an email address, remittance notices will be sent to that email address, unless an individual has requested their claims information be kept private in which case their claims information will not be shown on OMS or electronic remittance notices sent to the nominated email address. 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 Police Health's Privacy Policy can be obtained from our website www.policehealth.com.au or by contacting our office.