



COVER LIKE NO OTHER

APPLICATION & VARIATION FORM



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

To complete this form, please:

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

Alternately, you can complete a digital version of this form by downloading it at the respective websites policehealth.com.au or eshealth.com.au.

Once you've completed this form, please submit it to us via post or email.

Email	Police Health joinus@policehealth.com.au Emergency Services Health joinus@eshealth.com.au
Post	PO Box Reply Paid 6111 Halifax Street Adelaide SA 5000
Phone	Police Health 1800 603 603 Emergency Services Health 1300 703 703
Office Hours	Monday, Wednesday - Friday 8.45am - 4.45pm (SA Time) Tuesday 9.30am - 4.45pm (SA Time)

If you have any questions, please get in touch. **We're here to help.**

1. ELIGIBILITY TO JOIN | Nominate which fund you are joining:

Police Health

Emergency Services Health

I am:

The eligible person

A partner/former partner of the eligible person

A family member* of the eligible person

If family member, please detail your relationship below:

* Eligible Family Members:

■ Dependent Child

■ Adult Child

■ Adult Child's Partner/Spouse

■ Adult Child's Dependent Child

■ Sibling

■ Sibling's Partner/Spouse


■ Sibling's Dependent Child

■ Parent

■ Grandchild

■ Grandchild's Partner/Spouse

■ Grandchild's Dependent Child



**EMERGENCY
SERVICES
HEALTH**

**PLEASE COMPLETE IF YOU
HAVE NOMINATED TO JOIN
EMERGENCY SERVICES HEALTH**

Choose the option that best relates to the eligible person:

☐

Fire Response & Recovery Sector

Currently or previously employed/volunteering (a) for a Not-for-profit, Commercial, or a National, State or Territory Government Fire Department/Service or Association/Union or (b) for a registered training organisation and/or specialist emergency service equipment supplier in the Fire and Response & Recovery Sector.

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Ambulance & Medical Response & Recovery Sector

Currently or previously employed/volunteering (a) for a Not-for profit, Commercial, or a National, State or Territory Government Ambulance Department/Service or Association/Union or (b) for a Not-for-profit, Commercial, or a National, State or Territory Government Recognised Hospital Service or Association/Union or (c) in a medical, nursing or allied health capacity and is registered with the Australian Health Practitioners Regulation Agency (AHPRA), or currently or previously employed by such a person or related organisation or (d) for a registered training organisation and/or specialist emergency service equipment supplier in the Ambulance & Medical Response & Recovery Sector.

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Water Response & Recovery Sector

Currently or previously employed/volunteering (a) for a Not-for-profit, Commercial, or a National, State or Territory Government Life Saving or Sea Rescue Department/Service or Association/Union or (b) for a registered training organisation and/or specialist emergency service equipment supplier in the Water Response & Recovery Sector.

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State Emergency Response & Recovery Sector

Currently or previously employed/volunteering (a) for a Not-for profit, Commercial, or a National, State or Territory Government Emergency Services Department/Service or Association/Union or (b) for a registered training organisation and/or specialist emergency service equipment supplier in the State Emergency Response & Recovery Sector.

Name of organisation:

[illegible]

3. YOUR DETAILS (CONTRIBUTOR) CONT.

All Australian registered health insurers are required to issue you with a Transfer 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 Transfer Certificate that tells us what you were covered for with your previous insurer. By completing this section you authorise us to terminate your cover and receive your Transfer Certificate on your behalf.

I authorise Police Health Limited to terminate my health cover with my previous insurer (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. I authorise and request my previous insurer to issue a Transfer Certificate to Police Health Limited. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Signature

Date

4. PROVIDE DETAILS OF ALL PEOPLE COVERED BY THE POLICY (DO NOT INCLUDE YOURSELF)

Partner/Spouse Details (if applicable)

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

Home phone

Work phone

Mobile

Email

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

Date of birth

Gender

☐ Male ☐ Female

Previous Health Fund (if applicable)

Please cancel my previous cover from:

Previous membership number

I authorise Police Health Limited to terminate my health cover with my previous insurer (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. I authorise and request my previous insurer to issue a Transfer Certificate to Police Health Limited. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Signature of Spouse/Partner

Date

Additional Family Member Details (if applicable)

CHILD DEPENDENT 1

First and middle names

Date of birth

Surname

Gender

☐ Male ☐ Female

Relationship

Previous Health Fund (if applicable)

Previous membership number

Complete if child is aged 21-25: The dependent listed is a full-time student and are not married or in a defacto relationship* ☐ Yes ☐ No

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

Date commences as full-time student

CHILD DEPENDENT 2

First and middle names

Date of birth

Surname

Gender

☐ Male ☐ Female

Relationship

Previous Health Fund (if applicable)

Previous membership number

Complete if child is aged 21-25: The dependent listed is a full-time student and are not married or in a defacto relationship* ☐ Yes ☐ No

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

Date commences as full-time student

CHILD DEPENDENT 3

First and middle names

Date of birth

Surname

Gender

☐ Male ☐ Female

Relationship

Previous Health Fund (if applicable)

Previous membership number

Complete if child is aged 21-25: The dependent listed is a full-time student and are not married or in a defacto relationship* ☐ Yes ☐ No

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

Date commences 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.



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 the respective websites policehealth.com.au or eshealth.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 more detail.

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 the respective websites policehealth.com.au or eshealth.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.



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Call	1800 603 603	1300 703 703
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