

For Residents with full Medicare eligibility

 GU Health Membership No. (if you have one):

 Cover commencement date or change of cover date:

 I wish to (please indicate with an X):

| | | |
|---|--|--|
| Join GU Health <input type="checkbox"/> | Change my GU Health Cover <input type="checkbox"/> | Add dependant/s <input type="checkbox"/> |
| (Sections: 1 – 11) | (Sections: 1, 4, 5, 11) | (Sections: 1, 3, 11) |

Complete this Application form and return to GU Health by:

- FreePost to: GU Health, Reply Paid 2988, Melbourne VIC 8060 (no stamp required); **or**
- Email: corporate@guhealth.com.au

For assistance or for more information FreeCall 1800 633 819
Please print in black ink, using capital letters and mark check boxes with an X.
Section 1: Policyholder's details (the person in whose name membership is held)

| | | |
|--|---|--|
| Title: | Surname: | Sex: |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |
| Given name: | Date of birth: | |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Home address: | | |
| <input type="text"/> | | |
| | | State: <input type="text"/> Postcode: <input type="text"/> |
| Postal address (if different from home address): | | |
| <input type="text"/> | | |
| | | State: <input type="text"/> Postcode: <input type="text"/> |
| Work telephone number: | Home telephone number: | Mobile number: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address: | | |
| <input type="text"/> | | |
| Employee number: | Country of permanent residency: | |
| <input type="text"/> | <input type="text"/> | |

Section 2: Australian Government Rebate on Private Health Insurance
Complete this section to apply for the Australian Government Rebate on Private Health Insurance.

 Are all of the people to be covered by this membership eligible for a current Medicare card? Yes No

 If **YES**, please complete the remainder of this section. If **NO**, you cannot apply for the Australian Government Rebate until all persons to be covered on the membership have full Medicare entitlements. Visit medicareaustralia.com.au for further details.

 Medicare card number:
 Valid to:

 Policyholder's name and initial (exactly as they appear on your Medicare card):

 Unless you select a rebate tier that better reflects your entitlements, the rebate will be applied to your membership at Base Tier. **Refer to your member booklet for details and visit the Australian Taxation Office website to calculate your rebate tier or for more information at ato.gov.au.**

 Select applicable box to indicate your rebate tier (this is optional), otherwise your rebate entitlement will be reconciled as part of your tax return. Tier 1 Tier 2 Tier 3

If at any stage you wish to stop claiming the rebate as a reduced premium, or you wish to amend your rebate tier, you must notify GU Health. Information in this form may be disclosed to the Department of Health, the Department of Human Services and the Australian Tax Office or as authorised or required by law.

 Policyholder's signature:
 Date signed:

Section 3: About your dependant/s (Photocopy this section if more dependant/s)

All persons covered on this membership must have full Medicare entitlements.

Spouse/Partner

Title: Surname: Sex: M F

Given name: Date of birth: Country of permanent residency:

Dependant children

Children can be covered under a Family membership up to the age of 21; student dependants can be covered up to the age of 25.

A student dependant is a child of the policyholder, who is between the ages of 21 and 25, without a partner, and who is a fulltime student at an approved Australian school, college or university.

Dependant/s

Title: Surname: Sex: M F

Given name: Date of birth:

If student dependant - name of Australian school/college/university: Course start and end dates: / / / Student number:

Title: Surname: Sex: M F

Given name: Date of birth:

If student dependant - name of Australian school/college/university: Course start and end dates: / / / Student number:

Title: Surname: Sex: M F

Given name: Date of birth:

If student dependant - name of Australian school/college/university: Course start and end dates: / / / Student number:

Title: Surname: Sex: M F

Given name: Date of birth:

If student dependant - name of Australian school/college/university: Course start and end dates: / / / Student number:

Section 4: Corporate Health Plan options

Please indicate with an X in the appropriate box.

Single Family

Your Plan: Complete Hospital (\$250 single/\$500 family excess) & Added Value Benefits

The subsidy provided by your employer includes the Australian Government Rebate at Base Tier, and includes any Lifetime Health Cover (LHC) loading that may apply. **If you're choosing a rebate tier other than Base Tier, you'll need to make additional contributions. Please provide your direct debit details in Section 5.** It's the policyholder's responsibility to ensure any employee contributions are paid up to date at all times.

Section 5: Payment details

Direct Debit Bank Deductions

Authority for direct debit bank deductions

I request and authorise GU Health (Grand United Corporate Health Limited ID No: 012495) to debit my account once this application is received and processed and thereafter as required to maintain a financial membership. I authorise for any amount GU Health may debit or charge me to be debited through the Bulk Electronic Clearing System from an Australian account held at the financial institution identified below, subject to the terms and conditions of the Direct Debit Service Agreement, included on the last page.

Name of financial institution at which your account is held:

Branch address:

State:

Postcode:

Name on the account to be debited:

BSB number:

Account number:

Please note direct debits will occur monthly.

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and GU Health as set out in this authority and in the Direct Debit Service Agreement. If this is a joint account each account holder must sign.

Accountholder's signature:

Date signed:

Accountholder's signature:

Date signed:

Section 6: Direct credit of claims (FastBack)

Would you like to save time and effort when you claim?

Now you can take advantage of the GU Health FastBack claims system, to get your money back even faster! FastBack claims mean we can directly deposit any claim reimbursement into your nominated Australian financial institution account. Just complete the authority below and we'll set it up for you.

Authority for FastBack claims

I request GU Health, until further notice, to credit the following Australian account with any amount which may be payable by GU Health in respect of a claim on my membership.

Indicate with an X in the appropriate box.

Please use my bank account details provided in Section 5.

OR

I would like my FastBack claims directly deposited into the following account provided below.

Bank details

Name of financial institution at which your account is held:

Branch address:

State:

Postcode:

Name of account to be credited:

BSB number:

Account number:

Section 7: Lifetime Health Cover (LHC)

About LHC

Under the Federal Government Lifetime Health Cover (LHC) initiative, people are encouraged to take out complying private hospital cover before turning 31. Those who take out hospital cover after 30 June following their 31st birthday pay a 2% loading when they join, for every year they're over 30, on top of the base rate contribution. The maximum loading a person can be required to pay is 70% and loading is only calculated on the hospital component of your health cover.

New migrants are exempt from LHC loading provided they take out appropriate cover within 12 months of registering for Medicare. More information about this initiative and other exemption categories is available on privatehealth.gov.au.

Your LHC status

Please indicate which of the following statements applies to you / your spouse (if covered under your membership).

LHC will not apply if:

I am under the age of 31

Policyholder

Spouse

I had continuous complying private hospital cover since 1 July 2000
or since turning 31

Policyholder

Spouse

I have a DVA Gold Card or was an ADF member

Policyholder

Spouse

I recently migrated to Australia and have joined private hospital cover within 12 months of registering for Medicare.

Policyholder

Spouse

If you / your spouse are transferring from another Australian health fund, please complete the Transfer Certificate Request section of this application form.

LHC may apply if:

I am over 31 and I did not have continuous complying private hospital cover since 1 July 2000 since turning 31

Policyholder

Spouse

I recently migrated to Australia and did not join private hospital cover within 12 months of registering for Medicare

Policyholder

Spouse

I am unsure (your status will be assessed as per documentation provided, if any)

Policyholder

Spouse

In order to recognise your LHC status with your previous fund and/or if you believe you may qualify for an exemption, GU Health needs to receive supporting documentation depending on your circumstance such as a Transfer Certificate, Lifetime Health Cover confirmation letter from Medicare, DVA card etc. If the appropriate documentation is not received, any LHC loading appropriate to your age will be applied to your contributions from the date you joined GU Health.

Section 8: Transfer Certificate request (Complete this section only if you are transferring from another Australian health fund and GU Health will cancel your existing health fund membership for you. Please note you must personally advise your bank to cancel your deduction if you have a direct debit arrangement with your existing health fund.)

If any person nominated on your GU Health membership is transferring from another Australian health fund (or separate policy) please make a copy of this section and complete separately.

Title: Surname:

Given name:

Middle initial:

Date of birth:

Name of existing health fund:

Membership number:

Home address:

State:

Postcode:

I authorise GU Health to terminate my membership with my existing health fund and obtain details concerning: (please mark)

Myself

My partner

My dependant(s)

Cancellation effective from:

I further request my previous health fund to forward a Transfer Certificate directly to GU Health GPO Box 2988 Melbourne Vic 8060, or via corporate@guhealth.com.au

Previous policyholder's signature:

Date signed:

Section 9: Pre-existing conditions

Do any of the people on this membership suffer from a pre-existing condition for which they are receiving treatment or will require treatment?

A pre-existing condition is an ailment, illness or condition, the signs or symptoms of which existed at any time during the six months before the day on which you joined or upgraded to a higher level of hospital cover.

Yes No

If YES, please provide person's name and details of condition. (Please provide separate sheet if insufficient space.)

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Section 10: Privacy statement

GU Health is committed to meeting the requirements of the Privacy Act 1988. GU Health will assist all health fund members to access, update and/or correct personal information held by GU Health. Personal information will be protected by security measures, and will be used by GU Health for regulatory reporting and for the provision of information for service providers/agents/brokers and hospitals as well as to provide, and assist in the development of, member services which may include use by its related agencies, but will not be used for any other purpose, such as the sale or disclosure to an unrelated third party, without the member's approval. Also, GU Health may need to inform your employer of hospital claims made under your policy where your employer has agreed to pay, on your behalf, any hospital excess under your policy. In these circumstances, GU Health will not disclose the reasons for hospitalisation or the medical treatment received, rather only the fact that a hospitalisation has occurred for excess billing purposes. GU Health may need to contact practitioners to enable us to efficiently answer enquiries to process transactions.

If you do not wish to receive information on other GU Health products and services please indicate with an X.

Spousal/Partner authority

Your spouse/partner, if listed on the membership, will have access to membership information and may make changes to the policy with the exception of cancelling the policy. If your partner (or another third party) is not on the membership and you would like to allow access please complete the section 'Third party policy access authority'.

Third party policy access authority (Only sign this section if adding a third party)

This section is to be completed to give a spouse, partner or third party (who is not listed on the policy) access to the membership.

I hereby authorise GU Health to give the following person access to my GU Health cover.

Full name:

Relationship to policyholder:

As the owner of the policy, I understand that I may revoke this authority at any time, in writing to GU Health.

Policyholder's signature:

Nominated individual's signature:

Date signed:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date signed:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Please Note: If a Power of Attorney already exists, please attach a certified copy to this authority.

Section 11: Declaration (must be signed)

I am authorising GU Health to create a membership based on the information provided in this form.

I declare all the information in this application form to be true and complete and I agree to be bound by the rules and by-laws of the organisation as registered and accept the applicable waiting periods. I acknowledge that I have read and understood the membership booklet along with the Terms and Conditions listed therein. I confirm that where this form contains personal information about other persons, I have obtained all necessary consents to disclose that information to GU Health, and have the authority to act on those persons' behalf. I authorise all such persons to make claims on this policy.

Policyholder's signature:

Date signed:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Checklist

Please note that failing to provide any of the information below will cause delay in the processing of your application.

- Has the policy holder signed the declaration?
- Is there a commencement date? Please refer to your Human Resources Department if you are on a subsidised plan and are unsure.
- Are all people listed on the application eligible for full Medicare entitlements? Please call GU Health if unsure.
- Are you claiming the Australian Government Rebate? If so, have you advised us of your Medicare number?
- Have you correctly provided your financial institution account details?

Direct Debit Service Agreement

Keep for your records

Direct Debit Service Agreement for credit card and bank account debits.

Our commitment to you

This document sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance in respect of your direct debit arrangement with Grand United Corporate Health Limited (GU Health).

Initial terms of the arrangement

In terms of the Direct Debit Request (DDR) arrangement made between us and signed by you, we undertake to periodically debit your nominated account in accordance with your signed authority to direct debit.

Drawing arrangements

- If a drawing is due on a non-business day, it will be debited on the next business day following the scheduled drawing date
- We will give you at least 14 days notice if we intend to make changes to the initial terms of the arrangement
- We will debit all contributions in advance along with any applicable arrears, and will vary the contributions as necessary in line with changes to level of cover, scale, legislation and/or contribution adjustments.

Your rights

Changes to the arrangement

If you want to make changes to the drawing arrangement, please notify us in writing at least four business days prior to your next scheduled drawing date. These changes may include:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

Enquiries

If you have any enquiries they should be directed to GU Health, rather than to your financial institution.

All information relating to the DDR held by us will remain confidential except for information that may be provided to our financial institution to initiate the drawing to your nominated account, or information disclosed to a third party as required by law. Information may also be provided to Australian Unity Limited or any of its wholly-owned subsidiaries to enable this DDR to be effected.

Disputes

- If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with GU Health
- If you do not receive a satisfactory response to your dispute from us, contact your financial institution who will respond to you with an answer to your claims in accordance with their dispute resolution procedures.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there are sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed
- your membership is financial at all times
- you notify GU Health if your bank account or credit card details change.

If your drawing is returned or dishonoured by your financial institution, we will notify you.

Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

GU Health reserves the right to cancel a membership if contribution payments are in arrears for more than 60 days.