

Application Form

Step 1 - Application

New application Change of cover Transferring from another *onemedifund* policy

CHOOSE A COMMENCEMENT DATE

From the date my application is received Or from this date / /

Step 2 - Your details

SEX M / F	TITLE	GIVEN NAMES	FAMILY NAME		
STREET ADDRESS		SUBURB/CITY		POSTCODE	
POSTAL ADDRESS		SUBURB/CITY		POSTCODE	
HOME PHONE	MOBILE PHONE		D.O.B / /		
EMAIL ADDRESS					

Step 3 - Additional people to be covered

Spouse, children under 18 and full time student dependants under 25.

Given Names	Family Name	Birth Date	Relationship	Sex	Student Dependants: Details for full-time students under 18yrs, name of educational institution & student ID number
A				M F	
B				M F	
C				M F	
D				M F	
E				M F	
F				M F	

Step 4 - Select your level of cover

Selecting your cover is simple!

Single Family

STEP A - CHOOSE A HOSPITAL COVER

Private Plus No Excess
OR
 Private Plus \$250/\$500 Excess

+

STEP B - CHOOSE AN EXTRAS COVER (optional)

Extras Plus
OR
 Basic Extras

Please note: Extras cover can only be purchased in combination with a Hospital Cover.

Step 5 - Choose how you wish to pay (choose one option only)

DIRECT DEBIT REQUEST I/We request National Health Benefits Australia Pty Ltd. (user ID 347873) to arrange for funds to be debited from my/our nominated account at the financial institution shown below, according to the instructions specified below.

EITHER A NOMINATED ACCOUNT

or

BPAY

NAME AND BRANCH OF FINANCIAL INSTITUTION

NAME(S) OF ACCOUNT HOLDER(S)

ACCOUNT NUMBER:

BSB No:

Please debit my *onemedifund* contributions from the above account

Weekly

Fortnightly

Which day (Mon-Fri)

or

Monthly

Quarterly

Which day (1st - 28th)

6 Monthly

Annually



Telephone & Internet Banking
BPAY Call your bank or financial institution to make this payment from your cheque, savings debit, or transaction account. For more information, go to www.bpay.com.au

BPAY Biller Code: 4899159
Please contact *onemedifund* for your Customer Reference Number.

If your employer is paying for your health cover: Employer group name & number

I understand that I/we will be notified in writing of the initial amount to be deducted and that subsequent monthly deductions will be in accordance with the level of cover I hold. When this deduction amount changes from time to time, I will be given notification in writing of the new deduction amount. I have read and understand the Direct Debit Service Agreement overleaf.

ACCOUNT HOLDER'S SIGNATURE(S):

IF DEBITING FROM A JOINT ACCOUNT, BOTH SIGNATURES ARE REQUIRED

Step 6 - Choose our Easy Claim - Fast Benefits Service

EASY CLAIM - FAST BENEFIT SERVICE When I have a claim please pay my claim benefit directly to my bank account as below:

NAME AND BRANCH OF FINANCIAL INSTITUTION

ACCOUNT NAME

ACCOUNT NUMBER:

BSB No:

Step 7 - Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium

See Rates Schedule for more information. If you do not complete this section, full rate fees will apply. All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

Rebate Tier BaseTier Tier 1 Tier2 Tier3

Are all the people on the health cover listed on a Medicare card or entitled to a Medicare card?

Yes No

Your Medicare card details No.

Valid to

/

If no, you cannot apply for the rebate until you obtain a valid card from Medicare. If yes, please continue.

Are you covered by this health cover? Yes No

Your full name as it appears on your Medicare card

Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.

For more information about the Australian Government Rebate on Private Health Insurance, go to humanservices.gov.au/privatehealth

Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 132 011 or go to: www.humanservices.gov.au/customer/services/medicare/medicare-card

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify your health fund as soon as possible.

Date of rebate commencement:

DATE

You may be entitled to a Medicare card if you are:

- a person who lives in Australia, and
- an Australian citizen, or
- a holder of a permanent resident visa, or
- a New Zealand citizen, or
- an applicant for a permanent resident visa.

Step 8 - Declaration

I declare these statements are true and complete and agree to be bound by the rules of *onemedifund*. I have read and understand the rules relating to WAITING PERIODS and PRE-EXISTING CONDITIONS/AILMENTS. I understand the fund may refuse payment of benefits if any of the details supplied herein are false in any respect. I understand there are penalties for giving false or misleading information in regards to the Australian Government Rebate on Private Health Insurance.

SIGNATURE

DATE

Please note: 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 get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at www.humanservices.gov.au/privacy or by requesting a copy from the department.

Customer Direct Debit Request Service Agreement

Our Commitment to You

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between National Health Benefits Australia Pty Ltd (onemedifund) (User ID 347873) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for health insurance premiums.

Drawing arrangements

- Your initial deduction date will be advised in writing by the fund. Regular debits will take place on your nominated day.
- If any drawing falls due on a non-business day, it will be debited from your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days' notice in writing when we make changes to the initial terms of the arrangements. This notice will state the new amount, frequency, next drawing date and any other changes to the initial terms.
- If you require changes to the direct debit arrangements, you must provide us with 3 working days' notice of such change before it will be effective.
- If you wish to discuss any changes to the initial terms, or if you have any enquiries regarding your drawing dates you should contact us immediately via our details below.

Your rights

Changes to the arrangements:

If you want to make changes to the drawing arrangements, contact us at least 3 working days prior to the next scheduled drawing day via our details below. You can also contact NAB directly for stops or cancellations.

These changes may include deferring the drawing, stopping an individual debit, suspending the DDR or cancelling the DDR completely. Please be aware that these changes will affect your financial status and hence cover entitlements until the amounts have been paid.

Enquiries

Enquiries should be made at least 3 working days prior to the next scheduled drawing day. All communication addressed to us should include your contributor number and current postal address. All personal member information held by us will be kept confidential except that information provided to a financial institution to initiate the drawing to your nominated account.

Disputes

- If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting us via our details below.
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:
 - Within 7 business days (for lodged claims within 12 months of the disputed drawing);
 - Within 30 business days (for claims lodged more than 12 months after disputed drawing); you will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

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 debit (your financial institution can confirm this). Please note, some accounts may be unable to do this as we use the BECS system for payments;
- On the drawing date there is sufficient cleared funds in the nominated account;
- You advise us if the nominated account is transferred or closed;
- You understand and agree to our privacy policy located at www.onemedifund.com.au/privacypolicy
- You check your details against a recent statement from us to ensure they are correct.

If your drawing is returned or dishonoured by your financial institution, we will:

- **Monthly, Quarterly, Half Yearly & Yearly payers** - write to you to advise of an alternative deduction date;
- **Weekly & Fortnightly payers** - a double deduction will be taken for weekly and fortnightly payers and this will occur on the next date your debit is due. If debits are returned on three consecutive occasions your cover will cease. You may be asked to pay any transaction fees payable by us in respect of the above returned or dishonoured payment.

Send your completed application form to:

Post it: Locked Bag 25, Wollongong NSW 2500

Email it: info@onemedifund.com.au

Fax it: 1300 673 406

Phone: **1800 148 626**

Web: www.onemedifund.com.au

onemedifund[®]
one way to go

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Web: **www.onemedifund.com.au**