

Direct Debit Request Form (DDR)

Contributor name:

Contributor number:

Contribution details

Bank, building society or credit union account

Name & branch of financial institution:

.....
.....

Account name:

.....

BSB no:

.....

Account no:

.....

Please debit my *onemedifund* contributions from the above account on:

Weekly Fortnightly

Which day? (Mon – Fri)

Monthly Quarterly

Which date? (1st – 28th)

6 monthly Annually

(Please choose one payment frequency)

OR

BPAY



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.

Full name(s) of signatories to account:

I understand that I/we will be notified in writing of the initial amount to be deducted and that subsequent 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/We request you National Health Benefits Australia Pty Ltd (onemedifund) (User ID 347873) to arrange for funds to be debited from my/our nominated account at the financial institution shown above according to the instructions specified above.

I authorise for these details to be changed on the above contributor number:

Signature/s - if debiting from a joint account both signatures required

Date: / /

Benefit details – Please indicate how you would like to receive your claim benefits.

Use account details above (please note direct crediting is not available for credit cards. If in doubt, please refer to your financial institution)

OR

Use a different account (enter details below)

Account name:

.....

Name & branch of financial institution:

BSB no:

.....

Account no:

.....

onemedifund Direct Debit Request (DDR) 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 on 1800 148 626, by email to info@onemedifund.com.au, by facsimile on 1300 673 406 or alternatively, write to us at: onemedifund - Locked Bag 25, Wollongong NSW 2500.

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 on 1800 148 626, by email to info@onemedifund.com.au, by facsimile on 1300 673 406 or alternatively, write to us at: onemedifund - Locked Bag 25, Wollongong NSW 2500. 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 contributor 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 on 1800 148 626, by email to info@onemedifund.com.au, by facsimile on 1300 673 406 or alternatively, write to us at: onemedifund - Locked Bag 25, Wollongong NSW 2500.
- 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.