

Application form



Step 1 - Application

Join Peoplecare:

From the date my application is received

Or from the date below

/ /
DATE

Love being green! We'll send all membership info via email (where possible). If you have a different preference on how you would like to receive this, you can let us know at any time through Online Member Services or by giving us a buzz.

Step 2 - Your details

SEX <input type="text"/> M <input type="text"/> F	TITLE <input type="text"/>	
FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	D.O.B <input type="text"/> / <input type="text"/> / <input type="text"/>
STREET ADDRESS <input type="text"/>	SUBURB/CITY <input type="text"/>	POSTCODE <input type="text"/>
POSTAL ADDRESS <input type="text"/>	SUBURB/CITY <input type="text"/>	POSTCODE <input type="text"/>
HOME OR WORK PHONE <input type="text"/>	MOBILE PHONE <input type="text"/>	
EMAIL ADDRESS <input type="text"/>		

Step 3 - Other people on your membership

Spouse, children under 21 and full time student dependants under 25.

First names	Family name	Birth date	Relationship	Sex	Student dependants Name of educational institution + Student ID
				M F	
				M F	
				M F	
				M F	

Step 4 - Choose your level of cover

Single Couple Single parent family Family

Hospital covers

- | | |
|---|--|
| <input type="checkbox"/> Gold Hospital (\$250 excess) | <input type="checkbox"/> Silver Plus Hospital (\$500 excess) |
| <input type="checkbox"/> Gold Hospital (\$500 excess) | <input type="checkbox"/> Silver Plus Hospital (\$750 excess) |
| <input type="checkbox"/> Gold Hospital (\$750 excess) | |
| <input type="checkbox"/> Silver Hospital (\$500 excess) | <input type="checkbox"/> Bronze Hospital (\$500 excess) |
| <input type="checkbox"/> Silver Hospital (\$750 excess) | <input type="checkbox"/> Bronze Hospital (\$750 excess) |

Extras covers

- | | | |
|---|--|---|
| <input type="checkbox"/> Premium Extras | <input type="checkbox"/> High Extras | <input type="checkbox"/> Ambulance Only
<small>*Annual payments only</small> |
| <input type="checkbox"/> Mid Extras | <input type="checkbox"/> Simple Extras | |

Note: We want our members to get the most out of their health insurance so we offer a 10% discount on an extras cover when taken out in combination with a hospital cover.

Step 5 - Choose how you'd like to pay

Direct Debit (complete form below) Cheque (payment enclosed)

I/We request Peoplecare Health Limited (user ID 023022) to arrange for funds to be debited from my/our nominated account/credit card at the financial institution shown below, according to the instructions specified below.

EITHER YOUR ACCOUNT

NAME OF FINANCIAL INSTITUTION

NAME(S) OF ACCOUNT HOLDER(S)

BSB NUMBER: -

ACCOUNT NUMBER:

Debit frequency: (select one)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/> 6 monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually	ONLY IF WEEKLY OR FORTNIGHTLY Which day (Mon-Fri) <input type="text"/> or Which day (1st - 28th) <input type="text"/>
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OR CREDIT CARD

Due to credit card security arrangements, we can't record your credit card details on this application. If you'd like to pay by credit card, please tick one of these options.

Please call me to set up my credit card payments

I'll set up my credit card payments online
Once you've got your membership details, just register for our Online Member Services and fill in your credit card details on our secure website.

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.

SIGNATURE(s):

IF DEBITING FROM A JOINT ACCOUNT, BOTH SIGNATURES ARE REQUIRED

Step 6 - Choose how you'd like your claims paid

Please pay my claim directly into my account listed in Step 5 Please pay my claim to a different account (details listed below)

NAME OF FINANCIAL INSTITUTION

NAME OF ACCOUNT

BSB NUMBER:

ACCOUNT NUMBER:

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

See our Rates Schedule for more info. All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

If you do not complete this section, the full premium will apply.

Rebate Tier Base Tier Tier 1 Tier 2 Tier 3

Are all the people on the policy 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 policy? Yes No

If no, you may register for this scheme if the cover is ONLY for your dependant child and you are the parent of that child.

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.

Date of rebate commencement:

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.

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.

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.

Step 8 - Transferring from another fund

Switching to Peoplecare is easy and we can even cancel your cover with your old health fund for you. All we need is your permission. This will provide us with your old health fund membership info called a Transfer Certificate.

I hereby authorise Peoplecare to terminate my membership from this date and obtain appropriate details about my membership. Please forward a transfer certificate to Peoplecare and refund any excess premiums.

We'll also make sure we recognise any eligible waiting periods and Lifetime Health Cover periods you've already served!

NAME OF EXISTING FUND

If you pay by direct debit or payroll deduction with your old health fund, it's still a good idea for you to contact them to stop any future payments, just to be on the safe side.

POLICY NUMBER

Step 9 - Referral details

Has one of your family or friends suggested you join? If so, please provide their details:

MEMBER NUMBER

NAME

Please let us know how you heard about Peoplecare?

Promotional code (if applicable):

Step 10 - Declaration

I declare this information is correct and complete and I agree to the rules and policies of Peoplecare. I understand the rules around benefits, limits, waiting periods (including those for pre-existing conditions), and any restrictions or exclusions that are applicable to my selected product. I'm aware that this info is available on the Peoplecare website and in my appropriate cover description. I agree that Peoplecare can use my personal and health information for review and audit purposes, or for referral to health programs that may be beneficial to me. I understand Peoplecare can refuse to pay claims if any of the details are false in any way. I understand there are penalties for giving false or misleading information about the Private Health Rebate.

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 section outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Peoplecare Health Limited (User ID 023022) 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 of 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 to 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 as 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.
- 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 health 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 member 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 via our details as 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 the 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.peoplecare.com.au/privacy
- 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 two 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: Locked Bag 33, Wollongong NSW 2500

Ph: 1800 808 700

Email: info@peoplecare.com.au

Fax: 1300 673 405



Ph: 1800 808 700 Web: peoplecare.com.au