Membership Application Form

healthcare insurance

I would like to

☐ Join HCI. Effective Date / /

☐ Transfer to HCI from another fund.

Your details

Title

Surname

Postal address

Suburb

State Postcode

Mobile

Email

Date of birth / / Sex ☐ Male ☐ Female

Given Names

Home address

Suburb

State Postcode

Daytime Phone

How did you hear about us?

Persons to be covered (do not include yourself) *If you need to add more than 8 people, please attach a separate page with their details.*

Surname	Given names	Sex M/F	D.O.B	Relationship to member
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Membership authority

☐ I wish to authorise_____ to have the same rights and obligations as myself to access information in relation to this policy.
Name of authorised person

However, they are unable to cancel the policy, add or remove a person other than themselves (if applicable).

I acknowledge and understand that I remain responsible for my policy and for the actions of the authorised person and do so at my own risk.

Policy Holder's Signature

Authorised Person's Signature

Choice of cover required

Type of Cover ☐ Me ☐ We ☐ Us ☐ Me & Us ☐ Us+ ☐ All of Us

Packaged Cover

☐ Premier Package — Excess Options (per adult*) ☐ Nil ☐ $250 ☐ $500 ☐ $1,000**

☐ Active Life Package — Excess Options (per adult*) ☐ Nil ☐ $250 ☐ $500 ☐ $1,000**

Extras Cover

☐ Active Life Extras — **Premier Hospital** — Excess Options (per adult*) ☐ Nil ☐ $250 ☐ $500 ☐ $1,000**

* If a dependant is under 18 an excess does not apply. ** Please note by taking an excess greater than $500 per adult you may not be exempt from the Medicare Levy Surcharge (MLS). For more information on the MLS please talk to one of our friendly staff.

healthcare insurance

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

Please complete this section to receive the Australian Government Rebate on private health insurance as a reduced premium. If you do not complete this section, full premiums apply.

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.

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: **https://www.humanservices.gov.au/customer/services/medicare/medicare-card**

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

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

☐ **Yes.** Please complete the remainder of this section ☐ **No.** You cannot apply for the Rebate until you obtain a Medicare card.

Are you covered by the policy?

☐ **Yes.** ☐ **No.** (If No) 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.

Please select from the table below the Tier that is relevant to your estimated income or your family income for the financial year. For information regarding the income thresholds please refer to our Health Cover Premiums information sheet, on our website hciltd.com.au or alternatively you can visit the Australian Taxation Office website ato.gov.au. If you do not nominate a Rebate Tier, the Base Tier will be applied to your policy. 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.

Please select one box only.

Income Threshold (for the 2016/2017 financial year)			
Base: **Single** $90,000 or less **Family*** $180,000 or less ☐	**Tier 1:** **Single** $90,001 - $105,000 **Family*** $180,001 - $210,000 ☐	**Tier 2:** **Single** $105,001 - $140,000 **Family*** $210,001 - $280,000 ☐	**Tier 3:** **Single** $140,001 or more **Family*** $280,001 or more ☐

* If you're a family with children, the income threshold for each tier is increased by $1,500 for every child after your first. Family includes couples and single parent families.

Your Medicare card number ☐☐☐☐ ☐☐☐☐☐ ☐ **Reference ID** ☐ **Valid to** /

Your name exactly as it appears on your Medicare card

The Australian Government Rebate is income tested and eligibility for the rebate is determined by the taxable income of a single or a family. There are no penalties for nominating an incorrect rebate tier. If the nominated tier is incorrect and there is a difference between the actual entitlement and the rebate claimed, the adjustment will be made through the policyholder's tax return.

Privacy Notice

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 **http://www.humanservices.gov.au/privacy** or by requesting a copy from the department.

Declaration

I hereby declare the above statements to be true and complete and agree to abide by health benefit fund rules of Health Care Insurance Ltd (HCI) as amended from time to time. I acknowledge that this application form and brochure does not contain all the Rules of HCI, but I am free to inspect the full copy of the Rules at the office of HCI. I also acknowledge my membership is subject to the pre-existing Rule, waiting periods and eligibility criteria as explained in this brochure. I acknowledge that HCI has a Privacy Policy which I may view upon request, and I will inform any dependants referred to on this application of the existence of the HCI Privacy Policy. I consent to the collection, use and disclosure of my personal and sensitive information in the provision by HCI of a health insurance service and I have authority to provide and consent to the release of personal and sensitive information on behalf of the dependants referred to in this application. I authorise the release of personal and sensitive information from my previous health fund, and from any hospital, medical practitioner or other health service provider that HCI deems necessary to administer my policy. If the information supplied on this application is inaccurate or fraudulent, I acknowledge HCI may refuse to pay a claim, cancel the policy or require payment of any additional premium loading payable in accordance with the Lifetime Health Cover legislation.

A 12 month waiting period applies to **pre-existing conditions**. A pre-existing condition is an ailment, illness or condition the signs or symptoms of which existed at any time in the period of 6 months ending on the day on which the person became insured under the policy. Other waiting periods may apply. For more information on waiting periods refer to our Guide to Cover.

I understand waiting periods may apply to my policy. I have read and understand the waiting periods, including the pre-existing conditions rule as described in HCI's Guide to Cover on pages 15 and 21.

Policy Holder's Signature **Date** / /

Partner's Signature (if required) **Date** / /