

5. Transferring

If transferring from another fund, complete the details below and complete the Transfer Certificate request form, if you want Medibank to arrange to terminate your membership with your existing health fund and request a Transfer Certificate on your behalf.

Fund

Membership number

Date joined

Date paid to

I've had continuous private health insurance since my 31st birthday

6. Payroll

Payroll number

7. Privacy statement

This **Privacy Statement** is to be read in conjunction with the **Information Medibank may give to your employer and your employer's insurance broker** section of the Corporate Cover Terms and Conditions (collectively, the **Corporate Cover Privacy Statement**).

We collect and use your personal and sensitive Information to enable us, other Medibank Group Companies and our third party suppliers and partners to provide you with products and services, including insurance, health related services and partner offerings and to give you information on other products and services.

If we do not collect this information, we may not be able to provide you with these services.

We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third party.

Where you give us personal information about others, you must ensure that you let them know what information you are giving us and that you have their consent to do so. You should also let them know about this Statement.

We may disclose your personal information to persons or organisations in Australia or overseas including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have OSHC or a visitors cover). We may also disclose your information to other persons covered under your policy or your agents and advisers. We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us including in India, the United States and New Zealand.

We or another Medibank Group Company may contact you to market products and services and to keep you informed of special offers from Medibank Group Companies and third parties, including by direct mail, SMS and MMS messages, by phone and email. You can choose how we communicate with you and manage your consents to receiving promotions and offers by calling us on 1300 763 422, visiting one of our stores, or accessing the Manage My Preferences page within the Online Member Services facility.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by contacting us or at medibank.com.au or contact our Privacy Officer at GPO Box 9999 (Your Capital City) or email privacy@medibank.com.au

8. Please read and sign this form

I declare and acknowledge that:

1. I am aware that Medibank Private has a Privacy Policy which is available for me to view and I consent to the use and disclosure of my personal information in accordance with this policy and with the Corporate Cover Privacy Statement.
2. I have authority to provide the personal information of my spouse/partner or dependants referred to on this application and will inform them of the existence of the Medibank Privacy Policy and of the Corporate Cover Privacy Statement.
3. I will make, or authorise the making of, all claims under this policy and will ensure that each claim includes the sensitive information of a spouse/partner or dependant aged 16 years and over only with their consent.
4. I authorise any medical practitioner, hospital, or other health service or health provider to supply from time to time to Medibank full and complete details of all or any information Medibank considers necessary to the assessment of any claim concerning me, my spouse/partner, or my dependants and acknowledge that I have their consent to give this authority on his or her behalf.
5. I authorise my previous health fund (if any) to release to Medibank all personal information concerning me, my spouse/partner, and my dependants required to confirm membership entitlements and declare that I have the consent to authorise the release of personal information relating to my spouse/partner and all dependants aged 16 years or over.
6. I am aware of and understand the relevant conditions (including any restricted or excluded services) and waiting periods (including the waiting periods for obstetrics-related services and pre-existing ailments).
7. I understand that if I am joining from another fund, benefits paid under my previous cover will be taken into account in determining the benefits payable under my Medibank cover.
8. State of residence: I understand that Medibank's Fund rules require me to hold membership only in respect of the State in which I reside. I further understand that I may be required to transfer to, or Medibank may automatically transfer me to, the applicable cover corresponding to the State in which I reside, and I agree to be bound by the terms and conditions of the applicable level of cover.
9. I am responsible for this membership and I will communicate, to all current and future persons covered by it, the information contained in the Membership guide (being a selective summary of the Fund rules), the existence of the Fund rules and the fact that those rules apply to every member of Medibank. A copy of the Fund rules is available for viewing at medibank.com.au or at Medibank stores.
10. I understand that my spouse/partner will automatically be able to manage most aspects of this membership and Medibank may disclose registered membership details to him/her. I will refer to the Membership guide for full details and will advise Medibank if I do not want my spouse/partner to have these rights.

I declare that all details provided on this form are true and correct and I agree to be bound by the Fund rules of Medibank, as varied from time to time.

Signature

Date

All forms should be signed and returned via fax to **(03) 8668 1667** or emailed to medibankplatinum@medibank.com.au

For enquiries, please call **1300 763 422** to speak to a consultant.

Application to receive the Australian Government Rebate on private health insurance as a reduced premium

- Complete this registration form and lodge it with Medibank to apply to receive the Australian Government Rebate as a reduced premium.
- This application must be completed in black pen using block letters.
- All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.
- If at any stage you wish to stop receiving the Australian Government Rebate as a reduced premium, you must notify Medibank as soon as possible.

Name of private health fund issuing the policy to which this application relates: **Medibank**

Are you covered by this policy? Yes No

(If no) employers and trustees of organisations cannot claim the Australian Government Rebate on policies paid on behalf of employees.

Nominate a rebate percentage

The rebate percentage you're entitled to depends on your or your family's income* – refer to the table below for a guide. **As a condition of your employers corporate plan you are required to nominate Tier 0 rebate as your default tier.** This may result in you having to repay part or all of the Australian Government Rebate as part of your tax return if you are not entitled to this rebate.

	Tier 0	Tier 1	Tier 2	Tier 3
Income thresholds[^]				
Singles Income[^]	<input type="checkbox"/> \$90,000 or less	<input type="checkbox"/> \$90,001 – \$105,000	<input type="checkbox"/> \$105,001 – \$140,000	<input type="checkbox"/> \$140,001 and above
Couple/Families[^] Income	<input type="checkbox"/> \$180,000 or less	<input type="checkbox"/> \$180,001 – \$210,000	<input type="checkbox"/> \$210,001 – \$280,000	<input type="checkbox"/> \$280,001 and above
Rebate entitlement – based on age and income (1 April 2016 – 31 March 2017)				
Less than 65 years	<input type="checkbox"/> 26.791%	<input type="checkbox"/> 17.861%	<input type="checkbox"/> 8.930%	<input type="checkbox"/> 0%
Age 65-69	<input type="checkbox"/> 31.256%	<input type="checkbox"/> 22.326%	<input type="checkbox"/> 13.395%	<input type="checkbox"/> 0%
Age 70+	<input type="checkbox"/> 35.722%	<input type="checkbox"/> 26.791%	<input type="checkbox"/> 17.861%	<input type="checkbox"/> 0%
Medicare Levy Surcharge				
All Ages	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 1.00%	<input type="checkbox"/> 1.25%	<input type="checkbox"/> 1.50%

* The family income threshold is increased by \$1,500 for each dependent child after the first child. Single parent families are subject to the family income tiers.

[^] 'Income' is your income for Medicare Levy Surcharge purposes, which differs from your annual income.

Your Medicare card details

Number Valid to

Your full name as it appears on your Medicare card

Are all the people on the policy listed on a Medicare card or entitled to a Medicare card? Yes No

For a definition of 'dependent child' and for details on Medicare card entitlement, please refer over the page.

Declaration

I declare that the information I have provided is correct. I understand that there are penalties for giving false or misleading information.

Signature

Date

The information provided on this form will be used for the purpose of registering you for the Australian Government Rebate. Its collection is authorised by law and information collected may be disclosed to the Department of Health, the Department of Human Services and the Australian Taxation Office.

Send form to Medibank by post to Medibank - AGR Processing, GPO Box 9999 in your capital city or by fax to (07) 3026 0557.

Dependent child

A child is dependent if:

- the child is under the age of 18 years, or a full-time student under the age of 25;
- the child is covered by your insurance policy and your health fund accepts the child as a dependent child on the policy;

Medicare card entitlement

You are entitled to a Medicare card if you are:

- a person who lives in Australia;
- an Australian citizen;
- a holder of a permanent resident visa;
- a New Zealand citizen or, in some cases, an applicant for a permanent resident visa. Any enquiries about Medicare eligibility can be made at any Department of Human Services service centre or by phoning 132 011 for the cost of a local call.

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