Application Form

Peoplecare™ Love people

Step 1 - Application

☐ Join Peoplecare

☐ Transfer from another fund

If transferring from another fund please attach your clearance certificate if you have it. If not complete Step 8

☐ Change your cover

Start date

☐ From the date my application is received

☐ Or from the date below

/ DATE /

Step 2 - Your details

TITLE | FIRST NAME | LAST NAME | D.O.B / /

STREET ADDRESS | SUBURB/CITY | POSTCODE

POSTAL ADDRESS | SUBURB/CITY | POSTCODE

HOME PHONE | MOBILE PHONE

EMAIL ADDRESS

☐ Peoplecare is committed to reducing paper waste. Please tick here if you would prefer to receive your membership correspondence via email (where applicable).

Step 3 - Other people on your membership

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

First Names	Birth Date	Relationship	Sex	Student Dependants Name of educational institution + Student ID
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	

Step 4 - Choose your level of cover

☐ Single ☐ Couple ☐ Single Parent Family ☐ Family

Either choose your combination package **or** mix & match your own. Just select any Hospital cover **+** any Extras cover

Combo Packages

☐ Gold Plan
☐ Silver Plan
☐ Bronze Plan

Hospital Covers

Private Hospital
☐ No Excess ☐ $250 Excess
☐ $500 Excess

☐ Basic Private Hospital
☐ Public Hospital

Extras Covers

☐ Gold Extras
☐ Silver Extras
☐ Bronze Extras

☐ Ambulance Only

Note: You can also choose Hospital or Extras cover on its own.

Step 5 - Choose how you'd like to pay

☐ **Direct Debit** (complete form below) ☐ **Cheque** (payment enclosed) ☐ **BPAY** (BPAY details will be forwarded to you)

I/We request Lysaght Peoplecare 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: _____

Please debit my Peoplecare contributions from the above account

☐ Weekly ☐ Fortnightly Which day (Mon-Fri)

or

☐ Monthly ☐ Quarterly ☐ 6 Monthly ☐ Annually Which day (1st - 28th)

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.

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.

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 Please pay my claim directly into my account

☐ Tick here if you would like your claims paid into the account details in Step 5 (except credit card)

NAME OF FINANCIAL INSTITUTION

NAME OF ACCOUNT

BSB NUMBER: ☐☐☐-☐☐☐

ACCOUNT NUMBER: ☐☐☐☐☐☐☐☐☐

Step 7 - Apply for the Australian Government Rebate on private health insurance - see our Rates Schedule for more info

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

Rebate Tier ☐ No Change ☐ 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 ☐

Your full name as it appears on your Medicare card

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.

Step 8 - Transferring from another fund

If you are transferring from another Australian registered health fund, Peoplecare can arrange for your existing health fund membership to be cancelled. We will recognise any waiting and Lifetime Health Cover periods already served. Please note: You must personally advise your existing fund, bank or pay office to cancel any direct debit or payroll deductions.

TITLE FIRST NAME LAST NAME

STREET ADDRESS SUBURB/CITY POSTCODE

DATE OF BIRTH / / NAME OF EXISTING FUND POLICY NUMBER DATE CANCELATION TO BE EFFECTIVE / /

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

SIGNATURE DATE

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?

Step 10 - Declaration

I declare this information is correct and complete and I agree to the Rules and Policies of Peoplecare. I'm aware of the rules about Waiting Periods and Pre-existing Ailments. If joining Bronze Plan or Basic Hospital cover, I'm aware of the Restrictions for this cover. 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

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 Lysaght Peoplecare 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 changes to the initial terms of the arrangements are made. 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, 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

Direct all enquiries to us, rather than to your financial institution, and these should be made at least 3 working days prior to the next scheduled drawing day. All communication addressed to us should include your fund membership number and current postal address.

All personal customer 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);
- on the drawing date there is sufficient cleared funds in the nominated account;
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonored by your financial institution, we will write to you to advise of an alternative deduction date. You also have the option of making a manual payment or have us deduct the returned amount on an alternative deduction date. If debits are returned on three consecutive occasions your policy will be closed. You may be asked to pay any transaction fees payable by us in respect of the above returned or dishonored payment.

Send your completed application form to:

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

Post: Locked Bag 33, Wollongong NSW 2500
Email: info@peoplecare.com.au
Fax: 1300 673 405

Lysaght Peoplecare Limited. A registered private health insurer. ABN 95 087 648 753