

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 9
- Change of cover

COMMENCEMENT DATE

- From the date my application is received
- Or from the date below

/ /
DATE

Step 2 - Your details

TITLE	FAMILY NAME	GIVEN NAMES	D.O.B
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		SUBURB/CITY	POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
POSTAL ADDRESS		SUBURB/CITY	POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
HOME PHONE		MOBILE PHONE	
<input type="text"/>		<input type="text"/>	
EMAIL ADDRESS			EXISTING CONDITIONS
<input type="text"/>			<input type="text"/>

Step 3 - Additional persons to be covered

Spouse, children under 21 and full time student dependants under 25. Please detail any conditions or ailments the signs or symptoms of which existed at any time during the last 6 months (attach a separate sheet if necessary).

Given Names	Birth Date	Relationship	Sex	Existing Conditions	Student Dependants
A			M F		Details for full-time students under 25yrs, name of educational institution
B			M F		
C			M F		
D			M F		
E			M F		
F			M F		

Step 4 - Select your level of cover

<p>SELECT YOUR COVER</p> <p>Single <input type="checkbox"/> Couple <input type="checkbox"/></p> <p>Single Parent <input type="checkbox"/> Family <input type="checkbox"/></p>	<p>COMBINATION PACKAGES</p> <p><input type="checkbox"/> Gold Plan</p> <p><input type="checkbox"/> Silver Plan</p> <p><input type="checkbox"/> Bronze Plan</p>	<p>HOSPITAL COVER</p> <p>Private Hospital</p> <p><input type="checkbox"/> - No Excess <input type="checkbox"/> - \$250 Excess</p> <p><input type="checkbox"/> - \$150 Excess <input type="checkbox"/> - \$500 Excess</p> <p><input type="checkbox"/> Public Hospital</p>	<p>EXTRAS COVER</p> <p><input type="checkbox"/> Gold Extras</p> <p><input type="checkbox"/> Silver Extras</p> <p><input type="checkbox"/> Ambulance Only</p>
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Step 5 - Choose how you wish 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 23022) 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 A NOMINATED ACCOUNT

NAME AND BRANCH OF FINANCIAL INSTITUTION:

NAME(S) OF ACCOUNT HOLDER(S):

BSB No: -

ACCOUNT NUMBER:

Please debit my Peoplecare contributions from the above account

Weekly Fortnightly Which day (Mon-Fri?)

Monthly Quarterly Which day (1st - 28th)

6 Monthly Annually

OR CREDIT CARD

CREDIT CARD: Mastercard VISA

CARD NUMBER:

NAME ON CREDIT CARD:

EXPIRY DATE: Weekly Fortnightly Which day (Mon-Fri?)

Monthly Quarterly Which day (1st - 28th)

6 Monthly Annually

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 our Easy Claim - Fast Benefits Service

EASY CLAIM - FAST BENEFIT SERVICE

Please pay my claim benefit (where relevant) directly to my bank, building society or credit union account.

Tick here if you would like your claim benefits to be deposited into the account details provided in Step 5 (credit card not permitted)

NAME AND BRANCH OF FINANCIAL INSTITUTION

NAME OF ACCOUNT HOLDER

BSB No:

ACCOUNT NUMBER:

Step 7 - Apply for the Government Private Health Insurance Rebate

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

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	FAMILY NAME	GIVEN NAMES
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	SUBURB/CITY	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	NAME OF EXISTING FUND	POLICY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
		DATE CANCELLATION TO BE EFFECTIVE
		<input type="text"/>

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
<input type="text"/>	<input type="text"/>

Step 9 - Other

Has one of your family or friends referred you to the fund? If so, please provide their details:

MEMBER NUMBER

NAME

Please let us know how you heard about Peoplecare?

Step 10 - Declaration

I declare these statements are true and complete and agree to be bound by the rules of Peoplecare. I have read and understand the rules relating to WAITING PERIODS and PRE-EXISTING CONDITIONS/AILMENTS and RESTRICTIONS for the TRIPLE S PRODUCT (if applicable). I understand the fund may refuse payment of benefits if any of the details supplied herein are false in any respect. I understand there are penalties for giving false or misleading information in regards to the Government Private Health Rebate.

<input type="text"/>	<input type="text"/>
SIGNATURE	DATE

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

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 3022) 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:

Post it: Locked Bag 33, Wollongong NSW 2500

Email it: info@peoplecare.com.au

Fax it: (02) 4224 4300

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

Phone: 1 800 808 700

Web: www.peoplecare.com.au

