

## 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><b>SELECT YOUR COVER</b></p> <p>Single <input type="checkbox"/> Couple <input type="checkbox"/></p> <p>Single Parent <input type="checkbox"/> Family <input type="checkbox"/></p>	<p><b>COMBINATION PACKAGES</b></p> <p><input type="checkbox"/> Gold Plan</p> <p><input type="checkbox"/> Silver Plan</p> <p><input type="checkbox"/> Bronze Plan</p>	<p><b>HOSPITAL COVER</b></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><b>EXTRAS COVER</b></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

