

## Combining Cover

Cancelling my membership	Combining my membership
<p>a. Please cancel my membership and transfer me to</p> <p><input type="checkbox"/> my spouse/partner's cover</p> <p><input type="checkbox"/> my parent's cover</p> <p>I understand that I may have waiting periods for services that I wasn't previously covered for.</p> <p><b>My details:</b></p> <p>Name: .....</p> <p>Married name (if applicable): .....</p> <p>D.O.B: ...../...../.....</p> <p>Member number: .....</p> <p>Signature: .....</p> <p>Date: .....</p>	<p>b. Please add me to the membership listed below.</p> <p><b>Spouse/partner or parent's cover details:</b> (Selected in column a)</p> <p>Name: .....</p> <p>Married name (if applicable): .....</p> <p>Member number: .....</p> <p>Signature: .....</p> <p>Date: .....</p>

**Combined cover contact details:**

Home address: .....

Postal address: .....

Email address: .....

Home phone number: .....

Mobile number 1: .....

Mobile number 2: .....

**Combined cover details**

Level of cover: .....

Effective date: .....

**Payment details** (please tick one)

**Direct debit**

We request Peoplecare Health Limited (user ID 023022) to arrange for funds to be debited from our nominated account/credit card at the financial institution shown below.

Name and branch of financial institution: .....

Name(s) of account holder(s): .....

Account number: ..... BSB: ..... - .....

Please debit my membership payments from the above account:

Weekly       Fortnightly      Which day (Mon-Fri):  
.....

**or**

Monthly       Quarterly      Which date (1<sup>st</sup> – 28<sup>th</sup>):  
 6 Monthly       Annually      .....

Please pay my claim benefits into this account

We understand that 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 we hold. When this deduction amount changes from time to time, we will be given notification in writing of the new deduction amount. I have read and understand the Direct Debit Service Agreement attached.

Signed: .....

**OR**

**Credit card**

Due to credit card security arrangements, we can't record your credit card details on this form. 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 on the app  
Just download our secure app and fill in your credit card details on there.

**OR**

**BPAY**

BPAY details will be forwarded to you.

# Peoplecare Customer Direct Debit Service Agreement

## Our Commitment to You

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Peoplecare (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 Agreement

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 for 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 we make changes to the initial terms of the arrangements. 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 on 1800 808 690, by facsimile on 1300 673 405 or alternatively, write to us at: Peoplecare, Locked Bag 33, Wollongong NSW 2500

## Your rights

Changes to the agreement

- If you want to make changes to the drawing arrangements, contact us on 1800 808 690, by facsimile on 1300 673 405 or alternatively, write to us at: Peoplecare, Locked Bag 33, Wollongong NSW 2500
- These 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 membership 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 on 1800 808 690, by facsimile on 1300 673 405 or alternatively, write to us at: Peoplecare, Locked Bag 33, Wollongong NSW 2500
- 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 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;
- you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we will:

- **Monthly, Quarterly, Half Yearly & Yearly payers** - 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.
- **Weekly & Fortnightly payers** - a double deduction will be taken for weekly and fortnightly payers and this will occur on the next date your debit is due. If debits are returned on three consecutive occasions your membership will cease. You may be asked to pay any transaction fees payable by us in respect of the above returned or dishonoured payment.