

OSHC Extras Application Form

Effective 1 April 2018

Step 1 – Application

- Join OSHC Extras
- Transfer from another fund

If transferring from another fund please attach your Transfer Certificate if you have it. If not, complete Step 6.

COMMENCEMENT DATE

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

____ / ____ / ____
DATE

Step 2 – Your details

OSHC POLICY NUMBER: _____ TITLE: _____ FAMILY NAME: _____ GIVEN NAMES: _____

STREET ADDRESS: _____ SUBURB/CITY: _____ POSTCODE: _____

POSTAL ADDRESS: _____ SUBURB/CITY: _____ POSTCODE: _____

HOME PHONE: _____ WORK/MOBILE PHONE: _____

EMAIL ADDRESS: _____ VISA EXPIRY DATE: ____ / ____ / ____ DATE OF BIRTH: ____ / ____ / ____ SEX: FEMALE MALE

Step 3 – Choose how you'd like to pay

I/We request Peoplecare Health 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 A NOMINATED ACCOUNT

NAME AND BRANCH OF FINANCIAL INSTITUTION: _____

NAME(S) OF ACCOUNT HOLDER(S): _____

ACCOUNT NUMBER: _____ BSB NUMBER: _____

Please debit my OSHC Extras contributions from the above account: 6 monthly Which day (1st - 28th) _____ Annually

I understand that I/we will be notified in writing of the initial amount to be deducted and that subsequent 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):

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).

Step 4 – Choose how you'd like your claims paid

Please pay my claim benefit (where relevant) directly to my bank account:

NAME AND BRANCH OF FINANCIAL INSTITUTION: _____

ACCOUNT HOLDER(S) NAME: _____ ACCOUNT NUMBER: _____ BSB NUMBER: _____

Step 5 – Declaration

I declare these statements are true and complete and agree to be bound by the rules of Peoplecare Health Limited. I have read and understand the rules relating to WAITING PERIODS and PRE-EXISTING CONDITIONS/AILMENTS. 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. 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.

SIGNATURE: _____

DATE: ____ / ____ / ____

Step 6 – Transferring from another fund

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

TITLE: _____ FAMILY NAME: _____ GIVEN NAMES: _____

STREET ADDRESS: _____ SUBURB/CITY: _____ POSTCODE: _____

DATE OF BIRTH: ____ / ____ / ____ NAME OF EXISTING FUND: _____ POLICY NUMBER: _____ DATE CANCELLATION TO BE EFFECTIVE: ____ / ____ / ____

I hereby authorise Peoplecare Health Limited to terminate my policy with your organisation from this date and obtain appropriate details about my policy. Please forward a Transfer Certificate to Peoplecare and refund any excess premiums.

SIGNATURE: _____ DATE: ____ / ____ / ____

Customer Direct Debit Request 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 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 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 from 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, or if you have any enquiries regarding your drawing dates 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;
- 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 cover entitlements until the amounts have been paid.

Enquiries

Enquiries should be made at least 3 working days prior to the next scheduled drawing day. All communication addressed to us should include your contributor number and current postal address.

All personal member 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 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). Please note, some accounts may be unable to do this as we use the BECS system for payments;
- On the drawing date there is sufficient cleared funds in the nominated account;
- You advise us if the nominated account is transferred or closed;
- You understand and agree to our privacy policy located at www.peoplecare.com.au/privacy;
- You check your details against a recent statement from us to ensure they are correct.

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

- **Half Yearly & Yearly payers** - write to you to advise of an alternative deduction date;

Application submission and contact details

Send your completed application form to:

Email: **info@peoplecare.com.au**

Fax: **1300 673 405**

Post: **Locked Bag 33, Wollongong NSW 2500**

Telephone: **1300 733 676**

Web: **peoplecare.com.au/oshc**

Peoplecare Health Limited A Registered Private Health Insurer. ABN 95 087 648 753