

SECTION D: Your partner and/or additional family member details

Due to space restrictions, we only have room to list four children. If you need to add more, please enclose a separate page with their details.

By providing the details of your partner/additional family members, you acknowledge that you have the consent of each person aged 17 or over to provide this information to us.

Surname	First name	Date of birth						Gender (M/F)	Relationship
		D	D	M	M	Y	Y		
		D	D	M	M	Y	Y		
		D	D	M	M	Y	Y		
		D	D	M	M	Y	Y		
		D	D	M	M	Y	Y		

All children will be covered under this membership until the age of 21. Any full-time students can continue to be covered under this membership until age 25.

Note: You can continue to cover any non full-time students (aged between 21-24 inclusive) if you purchase our Family Plus or Single Parent Plus membership option.

	Child 1	Child 2	Child 3
Name of tertiary institution			
Expected date of completion	D D M M Y Y	D D M M Y Y	D D M M Y Y

Partner Authority

If you wish to give your partner (as listed on this form) authority to operate this membership please cross this box. By authorising your partner you acknowledge that they will have the same rights and obligations as you, including access to health information, however they will not be able to cancel the policy or remove you from the policy. You also acknowledge that you remain responsible for your membership and for the actions of the authorised person, that authorisation is given at your own risk and that you will have no recourse against Bupa for any acts or omissions by the authorised person. This authority will remain in place until you contact us to revoke it. To authorise someone other than your partner, please contact us.

SECTION E: Your Cover requirements

SECTION F: Transferring from another health fund?

Clearance certificate request

All Australian registered health funds are required to issue you with a clearance certificate when you cancel your health cover with them. If you would like us to cancel your existing health fund cover for you and receive the clearance certificate on your behalf, please complete this section. If you have a direct debit arrangement with your existing health fund, **please remember to personally advise them to cancel your deductions.** Your partner (if named) must sign this form if they are included on your existing fund's health cover.

Name of existing health fund

Existing health fund cover/membership number

Your health cover details with existing health fund

Surname

First name

Title

Date of birth

Level of Cover

The other health fund cover relates to:

myself my partner my children my parents

I confirm that I/we have held this cover for a minimum of 12 months from the date I/we request to join Bupa.

If not, date joined:

Date to which health cover is paid:

Please cross the appropriate box (if applicable):

I am/we are currently eligible for the following Federal Government Rebate on private health insurance:

30% 35% 40%

If you or anyone on your membership are under 65 years of age and believe the higher rebate applies to you then it is essential that we receive a Savings Provision Clearance Certificate from your previous health fund.

I authorise Bupa to terminate my health cover with your organisation (if still current) from the following date and obtain details about my health cover. Please issue a clearance certificate to Bupa. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Cancellation date

Signature of Policyholder

Date

Note: the signatory above must have legal responsibility for the health cover at the 'existing fund'.

Signature of partner

Date

Note: this signature is required if your partner is covered on the health cover at the 'existing fund'.

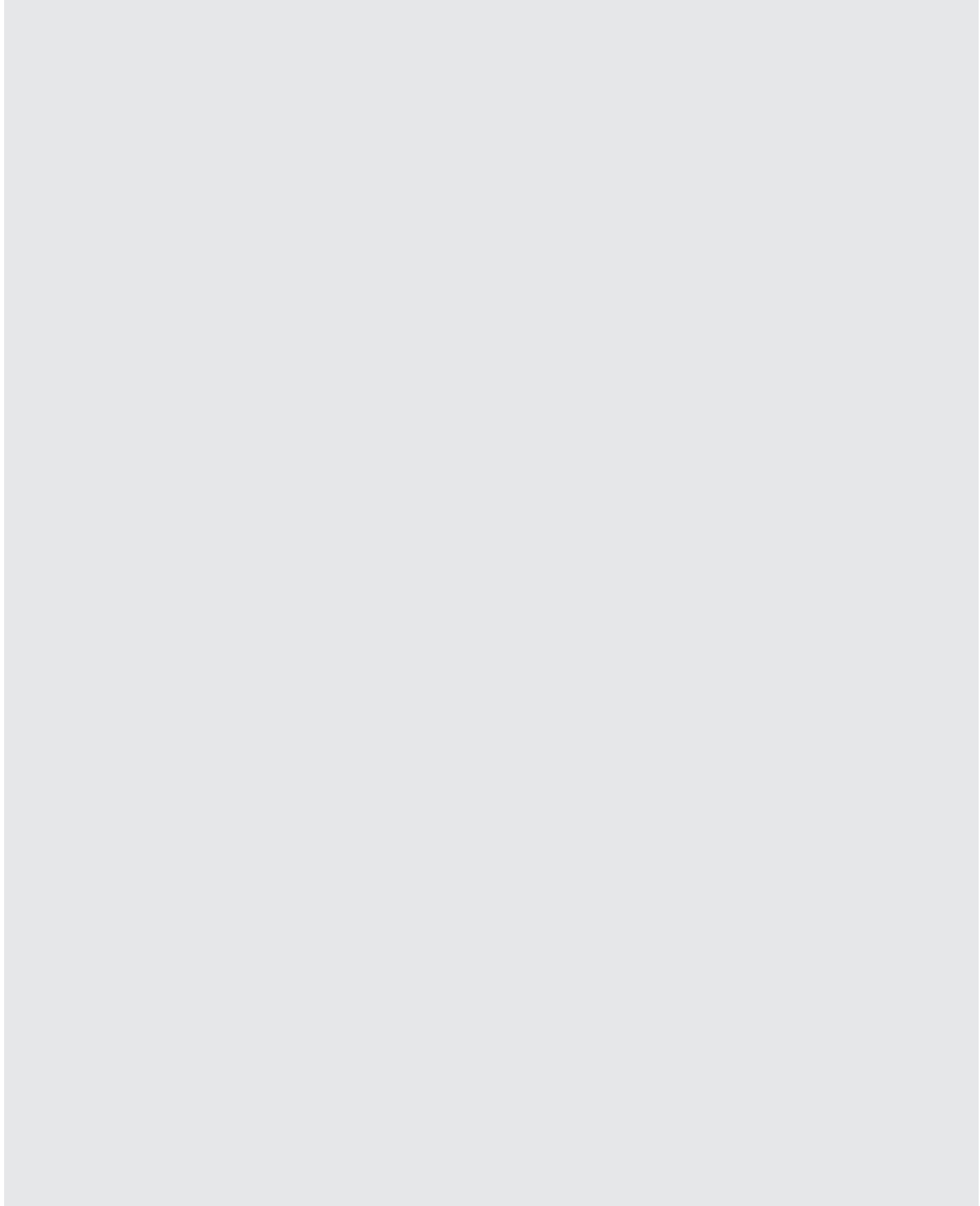
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Join date

Member number



SECTION G: Paying your premium



Applicant, please read then sign this declaration

Privacy Statement

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices, please refer to our *Information Handling Policy*, available at bupa.com.au.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers in order to process or verify any claim. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a 'Keeping it confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to offer you health management programs and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Direct Debit Service Agreement

This agreement outlines the responsibilities of Bupa Australia Pty Ltd ("we", "us", "our") and you. We will confirm the direct debit arrangements prior to the first drawing (including the premium amount and frequency) and debit your nominated account. Deductions will occur on the nominated day, except for deductions nominated for the 28th, 29th, 30th or 31st, which will occur on the first day of the following month. If the nominated day falls on a weekend or public holiday, deductions will be made on the closest business day. We will debit all payments in advance and will automatically vary the deduction amount if your premiums or level of cover change. If we vary the deduction amount, we will give you at least 14 days written notice, except when the previous deduction is dishonoured, when we will deduct the previous period's payment together with the current amount due. If you pay premiums at three, six, and twelve month intervals, then should your financial institution dishonour a drawing, we will draw the payment on the nominated day of the following month. If two or more drawings are returned unpaid by your financial institution, we will also stop deducting your premiums from your nominated account and will start sending you renewal notices, pending further instructions from you. We will maintain the privacy and confidentiality of your billing information (unless you have requested or consented that we can disclose it to a third party or the law requires or allows us to do so). We may provide information to our or your financial institution to resolve a dispute on your behalf. You must ensure your nominated account permits direct debiting and that sufficient cleared funds are available in that account on the due date to cover the premiums due. Your financial institution may charge a fee if the payment cannot be met. You must ensure the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based. You must notify us if the nominated account is transferred or closed. You must pay your premium by an alternative method if either you or we cancel the direct debit arrangements. You must ensure your payments are up-to-date, whether a notice is received from us or not. If paying by credit card, you need to advise us of your new expiry date prior to expiry. You may request that we cancel or alter the debit drawing arrangements by contacting us and providing at least five working days notice of any requested changes. These changes may include deferring the debit, altering the debit dates, stopping an individual debit, suspending the direct debit arrangement or cancelling the direct debit completely. You can dispute any debit drawing or terminate the deductions at any time by notifying us in writing not less than seven days before the next scheduled debit drawing. If you have any queries about your direct debit agreement, please contact us. We undertake to respond to queries concerning disputed transactions within five working days of notification.

Transferring from another fund

I am transferring from another private health insurer and hereby authorise Bupa Australia Pty Ltd to cancel my previous membership with that other insurer and obtain information about my previous policy on my behalf from other private health insurers as applicable.

Terms and Conditions

I accept to be bound by the Fund Rules of Bupa Australia Pty Ltd (available on our website, or by calling us), as amended from time to time. I acknowledge that I have read the brochure in full and understand the terms and conditions of my cover, including those relating to pre-existing conditions, waiting periods, restricted benefit periods or any exclusions that apply to my cover. I declare that the information I have provided is true and correct. I have read and consent to, and have made the other people on this policy aware of, the collection, use and disclosure of my personal information as set out in this Privacy Statement and in the Information Handling Policy (available on our website, or by contacting us). I acknowledge that, where practicable, information is provided with the consent of the individual to whom it relates.

Signature of Policyholder

Date

Partner's signature

Date

D	D	M	M	Y	Y
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D	D	M	M	Y	Y
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Just before you send

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Document name

Consultant

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