

# How to purchase Basic Visitors Cover



Call us on 132 331 if in Australia or +61 3 8622 5780 if calling from outside Australia



Visit [medibank.com.au/visitors](https://medibank.com.au/visitors)



Post completed application forms using the enclosed reply paid envelope



Visit a Medibank store

## Your membership card and Visitors Cover Membership Guide

When you join Medibank Private under Basic Visitors Cover you will receive a membership card and a Visitors Cover Membership Guide, which will explain your cover in further detail.

## How to pay

Medibank Private offers a range of convenient payment methods to suit you.

### Direct debit

Medibank Private's direct debit facility is a convenient and flexible way to pay your premiums. Your premiums are automatically deducted from your Australian bank, building society or credit union or a credit card account. You also have the flexibility to choose when you would like your payments to be made – fortnightly, four-weekly, monthly, quarterly, half-yearly, or yearly – it's entirely up to you.

*Note: Direct debit deductions from a credit card account can only be made at monthly intervals on the 11th of each month.*

### Other payment methods

Of course, if direct debit doesn't suit you, there are other payment options available. You can pay your premiums:

- At a Medibank store
- By BPAY® (through your participating financial institution), or by calling Australia Post on 131 816 and registering to pay through their Billpay service, or at any branch of Australia Post
- Through our website [medibank.com.au](https://medibank.com.au)

### Please note

- EFTPOS, cheque or credit card payments made direct to Medibank Private are not available at weekly or fortnightly intervals
- Payment by credit card is available by VISA, MasterCard or American Express only.

For more information on payment methods, please call 132 331 (in Australia) or +61 3 8622 5780 (outside Australia), drop into a Medibank store, or visit us online at [medibank.com.au](https://medibank.com.au)

# Your application forms

## **1 Application (must be completed)**

This must be completed if you want to join Medibank Private, transfer from another health fund in Australia, change your cover or add or delete a spouse/partner/dependant from an existing membership with us.

## **2 Non credit card direct debit request**

Complete this form if you want your premiums automatically deducted from your Australian bank, building society or credit union account.

## **3 Credit card payment**

Complete this form if you want to pay by credit card.

## **4 Authority form**

Complete this form if you wish to nominate another person to act on your behalf.

## **5 Transfer Certificate request**

Complete this form if you want Medibank Private to arrange to terminate your membership with your existing health fund, and request a Transfer Certificate on your behalf.

# Basic Visitors Cover application form



# 1 Application

## 1 I wish to

- Join Medibank Private       Change my Medibank Private cover       Add/delete spouse/partner/dependants

Medibank Private membership number. (if you have one)

Cover, or change of cover is required from / / (Please note: your cover does not commence until Medibank Private receives payment.)

## 2 The Basic Visitors Cover I want is

tick one:  Single  Family Please note: Only persons who do not have full Medicare entitlements should join Basic Visitors Cover.

## 3 Applicant's details

This person will be known as the contributor and will be responsible for the Medibank Private membership. Most of the changes and transactions allowable on the Medibank Private membership can only be performed by the contributor. The contributor is also the person we communicate with about changes to the cover, membership benefits and premiums, as well as major changes to our Fund Rules.

Title Mr/Mrs/Ms/Miss/Dr/Other

First name      Second initial      Family name

Date of birth / /      Sex    Male     Female

Nominated residential address

Suburb/City      State      Postcode

Important information: If you have nominated an address outside Australia, you must advise us of your new residential address in Australia, once you arrive.

For a family membership, do you require mail addressed in both adults' names?  Yes  No

Home phone number ( )      Business phone number ( )

Mobile phone number

Occupation (if working in Australia)

Email address      work / private (please circle)

Commencement date (Date of arrival in Australia) / /      Country of origin

Visa sub-class (ie 417, 416)

## All other persons covered

	Person 1	Person 2	Person 3	Person 4	Person 5
First name and second initial					
Family name (if different from applicant)					
Date of birth (DD/MM/YYYY)					
Male/Female	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F

## 5 Payment method

Premiums are payable in advance.

Direct Debit

Australian Bank/Building Society/Credit Union (Please complete Form 2, Non credit card direct debit request)

Credit card (Please complete Form 3, Credit Card payment)

For other payment methods, please contact us on 132 331 or +61 3 8622 5780 if calling from outside Australia or visit a Medibank store.

## 6 If you would like to nominate another person to help manage your membership please complete Form 4

## 7 If transferring from another Australian fund please complete Form 5

## 8 Please read reverse and sign

I declare that I have read and acknowledge the conditions of application on the back of this form and that all details on this form are true and correct. I agree to be bound by the Fund Rules of Medibank Private, as varied from time to time.

Signature      Date / /

## 9 Privacy statement

We collect your personal information so that we can provide you with insurance and related products and services and to comply with our legal and other obligations. We may not be able to perform these functions if you do not provide us with your personal information.

We may collect your personal information from a person responsible for the management of your membership or other authorised person.

Generally, you have the right to gain access to personal information we hold about you.

From time to time, we may send you marketing materials about other products or services which we think could be of interest to you. We may send these materials by email or text message. If you wish to withdraw your consent for us to send you marketing materials, either by mail or electronically, please contact us.

We may disclose your personal information to third parties such as:

- our service providers
- health service providers
- financial institutions
- your employer, if you have a corporate insurance product.

To obtain the latest version of our Privacy Policy, visit our website at [medibank.com.au](http://medibank.com.au) or drop into a Medibank store.

## 10 Please read and sign the front of this form

I declare and acknowledge that:

- 1 I am aware that Medibank Private has a Privacy Policy which is available for me to inspect and I consent to the use and disclosure of my personal information in accordance with this policy.
- 2 I have authority to provide the personal information of my spouse/partner or dependants referred to on this application and will inform them of the existence of the Medibank Private Privacy Policy.
- 3 I will make, or authorise the making of, all claims under this policy and will ensure that each claim includes the sensitive information of a spouse/partner or dependant aged 16 years and over only with their consent.

- 4 I authorise any medical practitioner, hospital, or other health service or health provider to supply from time to time to Medibank Private full and complete details of all or any information Medibank Private considers necessary to the assessment of any claim I make concerning me, my spouse/partner, or my dependants and acknowledge that I have their consent to give this authority on his or her behalf.
- 5 I authorise my previous health fund (if any) to release to Medibank Private all personal information concerning me, my spouse/partner, and my dependants required to confirm membership entitlements and declare that I have the consent to authorise the release of personal information relating to my spouse/partner and all dependants aged 16 years and over.
- 6 I am aware of and understand the pre-existing ailment rule, the relevant restrictions (including restricted services) and waiting periods (including the waiting period for obstetrics-related services).
- 7 I am responsible for this membership and I will communicate, to all current and future persons covered by it, the information contained in the Membership Guide (being a selective summary of the Fund Rules), the existence of the Fund Rules and the fact that those rules apply to every member of Medibank Private. A copy of the Fund Rules is available for viewing at Medibank stores or at [medibank.com.au](http://medibank.com.au).
- 8 I understand the excluded services and restricted services that apply to my cover.
- 9 And I declare that all details provided on this form are true and correct and I agree to be bound by the Fund Rules and policies of Medibank Private, as varied from time to time.'

# 2 Non credit card direct debit request



## Membership details

Title \_\_\_\_\_

First name \_\_\_\_\_

Family name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Medibank Private membership no. *(if you have one)* \_\_\_\_\_

I/We request that premiums due to Medibank Private (User id. 479) covered by this document be drawn under the direct debit system from my/our account conducted with (name of financial institution):

## Australian financial institution

Bank  Credit Union  Building Society

## Type of account

Statement savings  Cheque  
 Other (please state): \_\_\_\_\_

Please pay the premiums on the following basis

Fortnightly  Four-weekly  Monthly  
 Quarterly  Half-yearly  Yearly

I/We would like the first debit to occur on or after \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Except for fortnightly and four-weekly payments, Medibank Private is unable to accept debits on the 29th, 30th and 31st of any month. Your cover does not commence until Medibank Private receives payment.

## Account details

Account name \_\_\_\_\_

BSB number \_\_\_\_\_

Account number \_\_\_\_\_

I/We acknowledge that the direct debit arrangement is governed by the terms and conditions of the Direct Debit Client Service Agreement (see over) and authorise Medibank Private to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment. I/We authorise Medibank Private to alter the amount from the appropriate date in accordance with such changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# 2 Non credit card direct debit request *(continued)*



## Direct Debit Client Service Agreement for the payment of Medibank Private health insurance premiums

### OUR COMMITMENT TO YOU

#### Drawing arrangements

We will advise you, in writing, of the drawing details for the payment of your premiums.

These details will include the amount, frequency and commencement date and, where possible, will be issued ten (10) business days prior to the first deduction.

Where the due date falls on a non-business day, we will draw the amount on the following business day.

We reserve the right to cancel the direct debit arrangement for your premiums if three (3) debits are returned unpaid by your financial institution. We will advise you in writing if this occurs.

In the event a debit is returned unpaid, we will attempt a redraw on your nominated account within seven (7) days of the rejection.

By entering into this agreement, you authorise Medibank Private to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment. You authorise Medibank Private to alter the amount from the appropriate date in accordance with such changes.

#### Your privacy

We will keep all information pertaining to your nominated account at the financial institution private and confidential and we will not use it for any purpose not connected with this agreement, without your consent. We will only use other personal information you provide in accordance with Medibank Private's Privacy Policy.

To obtain the latest version of our Privacy Policy, visit [medibank.com.au](http://medibank.com.au) or drop into a Medibank store.

#### Your rights

You may do the following by contacting us at least ten (10) business days in advance:

- change the frequency of deductions\*;
- change the date on which deductions are regularly made\*;
- change your nominated account;
- terminate this direct debit arrangement; or
- stop the debiting of an individual premium debit.

Where you consider the debit is incorrect in either the frequency or amount, or both, you should raise the matter with Medibank Private.

\* Deductions from a credit card can only be made on the 11th of each month at monthly intervals.

#### Your responsibilities

It is your responsibility to:

- ensure sufficient funds are available in the nominated account to meet the debit on the nominated date;
- advise us if the account you have nominated to debit the premiums from is transferred or closed;
- ensure that suitable arrangements are made if the direct debit is cancelled by yourself; by your nominated financial institution; by us due to three (3) returned unpaid debits; or for any other reason;
- ensure that your account can accept direct debits.



# 4 Authority form



## Member to complete

Title \_\_\_\_\_ First name \_\_\_\_\_ Family name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_

Medibank Private membership number (if you have one) \_\_\_\_\_

## Authorise and request that Medibank Private Ltd. grant:

Title \_\_\_\_\_ First name \_\_\_\_\_ Family name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_

Medibank Private membership number (if you have one) \_\_\_\_\_

## the right to:

either  Conduct all business with Medibank Private that I am entitled to conduct, on my behalf  
or  Conduct the specific business of: \_\_\_\_\_

## the duration of granting this right is:

either  Enduring (for the lifetime of my membership or when terminated upon written request from me)  
or  Fixed by the periods: Start date \_\_\_\_\_ End date \_\_\_\_\_

## Declaration

I may terminate the granting of this right at any time in writing.

I acknowledge and agree with Medibank Private's Privacy Policy and will communicate information contained in the policy to the authorised person nominated on this form. I declare that the information I have provided is correct. I understand that there are penalties for giving false or misleading information.

Signature \_\_\_\_\_ Date / / \_\_\_\_\_

## **AUTHORISED PERSON TO COMPLETE THE FOLLOWING TO IDENTIFY THEMSELF WHEN ACTING ON BEHALF OF THE MEMBER:**

PIN No: (must be six digits starting with 0)

Please tick one challenge question only and write the answer in the space provided:

- What is the name of your first pet?  What was the first record or CD you bought?
- Where were you born?  Which footy team do you barrack for?
- What is your grandfather's name?  What is your mother's maiden name?
- Where were you married?  What was your first nickname at home?
- What is your partner's middle name? Answer: \_\_\_\_\_

## **How to nominate an Authorised person**

We understand that some members may wish to have someone else act on their behalf when dealing with us. This form allows a member to provide another person (Authorised Person) with authority to deal with Medibank Private on their behalf.

If you choose to do this you can be assured that we will take reasonable steps to protect your personal information from unauthorised access in accordance with the Privacy Act 1988 and as outlined in our Privacy Policy which is available at [medibank.com.au](http://medibank.com.au) or at a Medibank store.

## **To nominate an Authorised Person – in person**

Where it is possible for both the member and Authorised Person to attend a Medibank Store:

1. Both the member and the Authorised Person should attend a Medibank store to complete and sign the Authority form in front of a Medibank Private staff member.
2. Staff will ask both parties to show photo identification (eg. driver's licence, passport). This is to ensure the protection of your personal information.
3. The Authorised Person will be asked to supply a six digit numeric PIN (Personal Identification Number) and a challenge question and answer, to be used in the future to identify them when acting on behalf of the member.

## **To nominate an Authorised Person – by mail or fax**

Where it is not possible for either the member or the Authorised Person to attend a Medibank store:

1. The member must complete and sign the declaration on the Authority form found on the back of this page.
2. The Authorised Person must complete the six digit numeric PIN (Personal Identification Number) and challenge question and answer on the Authority form, to be used in future to identify them when acting on behalf of the member.

All forms should be returned via fax (07) 3910 1107 or in the enclosed envelope.

# 5 Transfer Certificate request



Please use this form to authorise Medibank Private to arrange to terminate your membership with your existing Australian health fund, and to request a Transfer Certificate on your behalf.

This must be signed by the contributor of your existing fund.

Title Mr / Mrs / Ms / Miss / Dr / Other \_\_\_\_\_

First name \_\_\_\_\_ Second initial \_\_\_\_\_

Family name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

### List any other person transferring

First name and second initial	Family name	Date of birth DD/MM/YYYY
		/ /
		/ /
		/ /
		/ /

Existing Australian health fund \_\_\_\_\_

Membership number \_\_\_\_\_

Cover name \_\_\_\_\_

Date joined / /

Date paid to / /

I authorise Medibank Private to terminate my membership with your organisation from / /

Medibank Private is authorised to obtain full details, including claims history, about myself and any other member on my membership.

Signature \_\_\_\_\_ Date / /

**Note: If you pay via direct debit or payroll deduction, it is important for you to cancel your payments to your existing health fund.**