

OSHC and Extras Cover Application Form

Instructions

You can join online now. Go to medibank.com.au/oshc
OR

Please complete this form and return it to
Medibank Private in one of the following ways:

In person

Visit our website at medibank.com.au for your closest
Medibank store

By mail

Medibank Private
GPO Box 9999
in your capital city or
Brisbane QLD 4000 Australia,
(if you are posting from outside Australia)

For further information you can also contact us:

By phone

132 331
(+61) 8622 5780 if calling from outside Australia

By email

ask_us@medibank.com.au



1. I wish to (please tick)

- Join Medibank Private Change my cover
 Transfer from an existing membership
 Add/delete dependants

Medibank Private membership no. (if you have one)

2. Applicant's details (please print)

Title First Name

Family Name

Gender Male Female

Passport Number

Country of Passport Issue

Student Visa Expiry Date (dd/mm/yy) / /

Your date of birth (dd/mm/yy) / /

Your email address

Contact phone number in Australia

Home () Mobile

Address in Australia

State Postcode

Your Membership Guide and Card will be posted to your address
in Australia. If unknown, Medibank Private will send your
Membership Guide and Card to your educational institution.

Australian Educational Institution where you are studying

Name of Educational Institution

Postal address

State Postcode

Commencement date (When do you want
your membership to commence?) (dd/mm/yy) / /

If you join from overseas, your commencement date should be the
date you expect to arrive in Australia. Please note if you do not pay
your OSHC premium before you arrive, your cover will only commence
from the date the premium is paid. If you join in Australia, your
commencement date will be the date your premium is paid or the
date of transfer from your current health insurance fund.

3. All other persons to be covered including your spouse/partner and dependants under 18 years of age. (please print)

First name	Family name	Relationship to applicant	Date of birth (dd/mm/yy)	Gender M/F	Passport No.	Country of Issue	OSHC (tick)	Extras Cover (tick)
		spouse/partner						
		dependant						
		dependant						
		dependant						
		dependant						
		dependant						
		dependant						

4. The cover I want is

(Note: If changing cover please tick all covers you now require)

Overseas Student Health Cover

Single Family \$

Extras Cover (please ensure you have read our product brochure)

Single Family (including couples and single parent families)

Basic Extras 70 \$ Top Extras 70 \$

Top Extras 55 \$ Top Extras 85 \$

TOTAL \$

5. Payment Direct to Medibank Private (please tick)

Cheque Credit Card

(please enter your credit card details below)

I authorise Medibank Private to charge my credit card
for the total amount of A\$

Mastercard Visa (please tick)

Cardholder's name

Credit Card No.

Expiry date (mm/yy) /

Cardholder's Signature

6. An answer to the following question is optional
and confidential, and will help us to provide you with
a better service.

What language(s) do you speak?

MPL Org. No. **1259110** Agent No. **2137**

Effective 1 January 2011.

Medibank Private Limited ABN 47 080 890 259

7. 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 or drop into a Medibank store.

8. Please read and sign this form

"I declare and acknowledge that:

- I am aware that Medibank Private has a Privacy Policy which is available for me to view and I consent to the use and disclosure of my personal information in accordance with this policy.
- Except where precluded by law, I may withdraw consent to the use of my personal information and the personal information of any dependant aged below 16 years (and any dependant aged 16 years and over may withdraw his or her consent).
- 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.
- 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.
- 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.
- 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 or over.
- I am responsible for this membership and I will communicate, to all current and future persons covered by it, the information contained in the OSHC Membership Guide, and if applicable the relevant extras cover Membership Guide, the existence of the Fund Rules and the fact that those rules apply to every member of Medibank Private's extras cover. A copy of the Fund Rules is available for viewing at medibank.com.au or at Medibank stores.

Overseas Student Health Cover

- I am aware of and understand that benefit exclusions apply, as explained in the Medibank Private Overseas Student Health Cover brochure and Membership Guide.
- I confirm that all my dependent children to be covered by this policy are unmarried, are under 18 years of age, are wholly or substantially dependent on me for financial, psychological or physical support and will be authorised to enter and remain in Australia with me.

Extras Cover (If applicable)

- I understand that waiting periods, the pre-existing ailment rule, and other benefit exclusions apply, as explained in the product brochure and Membership Guide.

And I declare that all details provided on this form are true and correct and I agree to be bound by the rules and policies of Medibank Private as varied from time to time".

Signature

Date (dd/mm/yy) / /

Name (please print)

MPL Org. No. **1259110**

Agent No. **2137**

Clearance Certificate Request

Changing over to Medibank Private OSHC is easy

If this is the first time you have had Overseas Student Health Cover (OSHC) you will not need to fill out this form. Otherwise, complete the following, have it signed by the current contributor of your existing OSHC fund and return it to Medibank Private GPO Box 9999, in your capital city; or GPO Box 9999, Brisbane 9000 (if posting from outside Australia). We can arrange to terminate your membership with your existing OSHC fund as well as request a Clearance Certificate on your behalf. This will allow us to waive any equivalent waiting periods that you have already served with your existing fund.

Title Mr /Mrs /Ms /Miss /Dr (please circle) Other

First Name Second Initial

Family Name

Address

Postcode

Previous OSHC fund

List all other persons transferring

First Name	Second Initial	Family Name	Date of birth (dd / mm / yy)

Membership Number

Cover Name

Date Joined / /

Date paid to / /

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

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

Signature

Date / /