OFFICE USE ONLY

Date of joining this policy

Rep code

FRANC ID

Source code(s)

nib office note

nib it's worth it

NOTES

1 **application for nib health cover**

To apply for nib health cover you must complete section 1.

This section contains information regarding your personal details, as well as the Federal Government Rebate on Private Health Insurance. If you or any person listed in this application are transferring from another health fund, please ensure that a separate Clearance/Cancellation Certificate is completed for each health fund.

For additional Clearance/Cancellation Certificates, **contact nib on 13 14 63.**

2 **payment options**

Complete this section by selecting the frequency and payment method for your premiums.

3 **declaration**

Please read the declaration and acknowledge your acceptance by signing and dating the signature panel.

Once completed, send your nib application form to:
nib health funds,
Reply Paid 62208
Newcastle NSW 2300
(no postage stamp required)
Or you can visit any nib Retail Centre.

any questions? more info?
call us for a chat...

customer care centre

13 14 63

mon-fri 8am-8.30pm. sat 8am-1pm (AEST)
or visit an nib Retail Centre

nib.com.au

nib health funds limited abn 83 000 124 381
Head Office 22 Honeysuckle Drive Newcastle NSW 2300

nib000101_0411 55% recycled

HEALTH COVER APPLICATION FORM

nib it's worth it

1 YOUR DETAILS

Office use only ▶

I am joining...

☐ as a **new customer** – currently without health cover

☐ as a **previous nib** customer (no. if known) ▶

☐ as a **transferee** from another health fund* ▶ Fund name(s):

*If a **transferee** from another health fund please complete the Clearance/Cancellation Certificate to ensure continuity of benefits.

Your personal details

Title | Given name | Initial | Surname

Insert your name exactly as it appears on your Medicare Card (call nib if you **DO NOT** have a Medicare Card)

Home address

Postcode

Postal address (if different from above)

Postcode

Date of birth / / | Home phone | Work phone

Mobile phone | Email address

Is the cover for a single, couple, family or single parent family?

☐ Single ☐ Couple ☐ Family ☐ Single parent family

Details of other people to be covered by this policy

If insufficient room, please continue on the reverse side of this form in the notes section. Insert names exactly as they appear on a Medicare Card.

Medicare Card Colour	Given name	Initial	Surname	Relationship*	Sex	Date of Birth
				Partner		/ /
				Child		/ /
				Child		/ /
				Child		/ /

*If anyone covered by this policy is living at another address, please provide details in the notes section on the reverse side of this form.

Authority to operate policy

Do you authorise your partner or Power of Attorney* to operate this policy?

☐ No

☐ Yes ▶ Name | Relationship

*Power of Attorney requires appropriate documentation to be sighted.

Benefit card number (NSW/ACT only)

Do you hold a Commonwealth Concession Card? e.g. Pension Card, Disability Card, Health Care Card.

☐ No

☐ Yes ▶ Valid to / /

Policy commencement date

What date would you like your policy to commence? / /

Select your cover and excess

Excess only applies to the hospital component of your cover NOT Extras or Ambulance services.

☐ **I want a package (combined hospital and Extras)**
Please tick the product and choice of hospital excess.

BASIC SAVER	FAMILY BASIC SAVER	BASIC PLUS	MID PLUS
Excess	Excess	Excess	Excess
☐ $250	☐ $250	☐ $250	☐ $250
☐ $500	☐ $500	☐ $500	☐ $500

FAMILY PLUS	YOUNG AT HEART MID	YOUNG AT HEART TOP	TOP COVER
Excess	Excess	Excess	Excess
☐ $250	☐ $250	☐ nil	☐ nil
☐ $500	☐ $500	☐ $250	☐ $250
		☐ $500	☐ $500

or

☐ **I want separate cover**
Please tick the product and choice of hospital excess.

JUST HOSPITAL	PUBLIC HOSPITAL	DENTAL PLUS
Excess	Excess	JUST EXTRAS
☐ $250	☐ nil	AMBULANCE ONLY
☐ $500	☐ $200	
	☐ $400	

nib Online Services

When you become an nib customer, you will also be automatically registered for nib Online Services which will allow you to manage your policy and claim online. You will receive a login password by mail within 7 days of becoming a customer.

Preferred method of contact ☐ Email ☐ Mail

If you select email, where possible we'll send your correspondence by email. Please be aware this may contain personal information relating to you or others listed on your policy.

Federal Government Rebate

Complete this section if you wish to receive the Federal Government Rebate as a reduction on your premiums.

- You must have a current Medicare Card – if yours has expired you cannot qualify for the rebate until you have renewed your card.
- If you have any questions about your eligibility to claim the rebate call nib on **13 14 63**.

Do you want your premium reduction to commence from the date of joining nib?

☐ Yes ☐ No ▶ Effective date / /

Your Medicare Card number | Valid to / /

What is the level of Medicare eligibility? This is printed on the top left of card, Full has no label.

☐ Reciprocal ☐ Interim ☐ Full

Are all the people on this policy listed on an eligible Medicare Card or entitled to be listed on an eligible Medicare Card? ☐ Yes ☐ No

The information provided by you in this section will be used for the purpose of registering you for the Federal Government Rebate. Its collection is authorised by law and information collected will be disclosed to the Department of Health and Ageing, Medicare Australia and the Australian Taxation Office.

Lifetime Health Cover (LHC)

Lifetime Health Cover is where people who are over 31 and taking out hospital cover for the first time will pay a 2% loading on top of their premiums for each year they are aged over 30. For example, a person who takes out hospital cover for the first time at the age of 40 will pay higher premiums than someone who joined at the age of 30. Some situations apply where people may be eligible for reduced LHC loading. These situations include:

- people who turned 31 after 1 January 2000 and were overseas on their 31st birthday
- people who are purchasing hospital cover for the first time and who were overseas on 1 July 2000
- people who have held a Department of Veterans' Affairs Gold Card at any time after 30 June 1999
- migrants who first became eligible for Medicare after 30 September 1999.

If any of these situations apply to you, please contact nib for more details. Alternatively, visit **nib.com.au**

LHC does not affect people who were born on or before 1 July 1934 – they will not have to pay any LHC loading on their premiums.

You'll need to provide evidence that you/your partner are exempt from the LHC loading (e.g. previous health cover with another fund). Else, your date of birth (and your partner) will be used to calculate the LHC loading that applies to your premium.

☐ **I may be eligible** for a reduction in the LHC loading ☐ **I'm not eligible** for a reduction in the LHC loading

SafeClaim Authority

Complete this section to have your claim benefits credited directly to your nominated bank, building society or credit union cheque or savings account (cannot be a credit card account).

☐ **Yes**, I would like to take advantage of SafeClaim.

Name of bank, building society or credit union | BSB number –

Name(s) of account holder | Account number

2 PAYMENT OPTIONS

Please choose a payment frequency and then ONLY ONE payment method

☐ FORTNIGHTLY *(Mon to Fri only)* ☐ MONTHLY ☐ QUARTELY ☐ HALF YEARLY ☐ YEARLY
(available 1st to 27th of the month only)

Preferred date to commence / / *Ambulance Only – Half Yearly or Yearly only

☐ Direct Debit – receive a discount of up to 4% on your premiums

(automatic debit from a bank, building society, credit union, cheque or savings account)
Direct Debit is not available on the full range of accounts. If in doubt contact your financial institution.

Direct Debit Request:
I/we (your full name/s) .....
request you, until further notice in writing, to debit my/our account described below, any amounts which **nib health funds limited abn 83 000 124 381**, User ID number 000488, may debit or charge me/us for health cover premiums through the Direct Debit system. I/we understand and acknowledge that this agreement is governed by the terms of the Direct Debit Service Agreement received from nib and the terms and conditions of my nib policy. I/we authorise nib to debit the nominated account for payment of premiums and to vary the amount of the debit as necessary for changes of cover or premiums.
Please note: The first debit under this request will cover your standard amount plus any adjustment necessary to bring your policy in line with your required debit date.

Name of bank, building society or credit union | Branch

Name(s) of account holder(s)/Business account name

BSB number – Account number

Signature of account holder/s
✘ Date / /

Credit Card Authority – no discount applies (automatic debit from a credit card)

Card type ▶ ☐ Bankcard ☐ Mastercard ☐ Visa ☐ Diners Club ☐ American Express

Name of card holder (as shown on card) | Expiry date –

Card number

I authorise nib to debit the nominated credit card for payment of premiums and to vary the amount of the debit as necessary for changes of cover or premiums.

Signature of account holder/s
✘ Date / /

☐ **nib Retail Centre, Post Office, BPAY or by nib Phone Pay – no discount applies, regular fortnightly payment frequency not available.**

3 DECLARATION

- I declare the details in this Application Form to be true and complete, and I agree to be bound by the rules and by-laws of nib as amended from time to time. I have read and understood nib's rules for transferring from another health fund, pre-existing health conditions, benefit waiting periods and the 30 day cooling off period.
- I declare that students on this policy aged between 21 and 25 years are unmarried and are in full-time education.
- I authorise my previous health fund, hospital, medical or other authorities to release to nib all information required to confirm my benefit entitlements.
- I acknowledge I have been given access to the nib Privacy Policy, and the opportunity to clarify any issues or concerns. I consent to nib collecting, using or disclosing my personal information for the purposes set out in the nib Privacy Policy.
  I acknowledge nib is not responsible for the security of my personal information contained in this Application Form until it is received by nib.
- I acknowledge that by signing this Application Form I am authorised by each person listed herein to consent to nib making disclosures about their health information to other people listed in this application.
- I understand there are penalties for giving false or misleading information when applying for the Federal Government Rebate.
- Where the SafeClaim Authority has been completed, I hereby authorise nib health funds to directly credit claim benefits for this policy to the nominated account.

nib may use your details for marketing purposes. See the nib Privacy Policy at **nib.com.au** for more details.

If you do not want nib to use your details for marketing purposes, please tick this box ▶ ☐

Customer's signature
✘ Date / /

Clearance/Cancellation Certificate

(complete if you are transferring from another health fund)

nib customer number

Complete these details to authorise nib health funds to cancel your policy and obtain details of your existing health fund policy.

NB: If your premiums for your existing health fund are being deducted from your wages you should notify your paymaster to stop those deductions.

Personal details

(of main customer with existing fund)

Surname

Given name(s)

Date of birth / /

Home address

Postcode

Other persons transferring to nib from existing fund

Existing health fund details

Fund name

Customer number

Cancellation date / /

I hereby authorise nib to terminate my policy with your organisation and/or obtain details about my policy, including a fully itemised claims statement for the previous 12 months. If applicable, any refund of premiums paid in advance of the cancellation date should be sent to me.

Customer's signature
✘ Date / /