

# Application to Resume Health Cover

## Welcome back to nib

We just need to remind you of some important information before you complete and return your application form.

1. We're unable to pay benefits on treatment or items provided during the suspension period.
2. nib's pre-existing rules apply to conditions that are identified or become evident during suspension periods.
3. You should pay your premiums within a month of the date of return to Australia / the date resuming employment / the date unemployment benefits ceased. Please supply proof of date. For an Overseas Suspension we require a copy of: your flight ticket OR boarding pass OR stamped passport OR signed declaration for date of re-entry.
4. If you're a payroll or direct debit payer and your financial details have changed, please complete and return the enclosed direct debit authority with your Application to Resume Health Cover.
5. The government's Medicare Levy Surcharge applies when your health cover policy is suspended, so if you're a high income earner please contact the ATO for more details.



RETURN TO: nib health funds limited, Locked Bag 2010, Newcastle NSW 2300

<b>Application to Resume Health Cover</b>	
Customer's full name	<input style="width: 90%;" type="text"/> <span style="float: right;">Policy number</span> <input style="width: 10%;" type="text"/>
Permanent residential address	<input style="width: 95%; height: 20px;" type="text"/>
Home phone number	<input style="width: 45%;" type="text"/> <span style="float: right;">Work phone number</span> <input style="width: 45%;" type="text"/>
Period of suspension - from:	<input style="width: 45%;" type="text"/> <span style="float: right;">Policy to resume from:</span> <input style="width: 45%;" type="text"/>
<i>(Date of re-entry to Australia or cessation of unemployment benefits)</i>	
<p>If <b>overseas suspension</b>, did you have travel insurance for the suspension period?</p> <p>No <input type="checkbox"/> Refer to point 3 above.</p> <p>Yes <input type="checkbox"/> Please attach proof of travel insurance.</p>	
<b>Payment (must accompany this application)</b>	
I enclose \$ <input style="width: 150px;" type="text"/> for premiums for the period <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 40px;" type="text"/> to <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 40px;" type="text"/>	
<i>Cheque payable to 'nib health funds limited'. Other payment options: credit card over the phone – call 1300 650 678; cash, cheque or credit card at an nib Retail Centre; BPAY – Biller Code is 364158, Reference Number is your policy number.</i>	
<b>Declaration (must be completed)</b>	
<i>I have read the important information above and agree to all terms and conditions of resuming my health cover policy.</i>	
Customer's signature	<div style="border: 1px solid black; width: 100%; height: 25px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; font-weight: bold;">X</span> </div> <div style="text-align: right; margin-top: 5px;"> <b>Date</b>  <input style="width: 30px;" type="text"/>/           <input style="width: 30px;" type="text"/>/           <input style="width: 40px;" type="text"/> </div>

<b>OFFICE USE ONLY</b>				
Proof or declaration sighted	<input type="checkbox"/>	Amount received \$	From	To
		<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
				User ID <input style="width: 100px;" type="text"/>