

OSHC Refund Form

To request a refund please complete and sign this form, attaching any required evidence and email to nibOSHCrefunds@nib.com.au

Section 1: Policyholder details

nib OSHC Policy Number		Passport Number	Passport Country of Issue
Title	Given name/s	Surname	
Date of birth (DD/MM/YYYY)		Email	

Section 2: Reason for refund

Upon assessing your refund request, nib may request further information pertaining to your situation in order for the refund to be processed.

Section 3: Refund Details

To request a refund please select one of the available options. Refund to Credit Card is not a valid refund option.

Payment originally made through Flywire and Refund to be processed via Flywire

Refund will be processed to original credit card or bank account.

Deposit into Australian bank account

Bank/Financial institution name	BSB number
Account name	Account number

Deposit into an International bank account

Swift/BIC code (8 or 11 characters)	Account number or IBAN
Account holder's name	
Account holder's address including house no./street name/city/state/prov/zip code (no PO Boxes)	



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Please select currency: You must select a currency and confirm it is accepted by your Bank/Financial Institution before applying for your refund.

AUD (Australian Dollars)

EUR (Euro)

GBP (British Pound)

INR (Indian Rupee)

USD (US Dollars)

Bank/Financial institution name

Bank/Financial institution country

Bank/Financial institution street address including City/State/Prov/Zip Code (no PO Boxes)

Passport number

PAN number (India only)

Section 4: Declaration (If you do not provide the Declaration in full, we may be unable to process your refund)

I acknowledge it is my responsibility to hold valid health insurance for the entire period that I am in Australia on a student visa and failure to do so can invalidate my visa status and affect any future visa applications.

I have provided the required supporting documentation.

I acknowledge that nib is required to provide my name, contact details and health insurance cancellation details to the Department of Home Affairs (DHA).

I give permission for nib to verify my current Visa status via the VEVO system for the purposes of confirming refund eligibility.

By signing this form, you declare that:

- The information provided herein is accurate and complete;
- You acknowledge that nib may, at its discretion, contact you for further information
- You acknowledge that once the refund is processed that the insurance provided through nib will be terminated and will no longer provide coverage.

Customer's signature

Date

Privacy

The information that you provide is collected for the purpose of arranging a refund of your nib OSHC premium. This information will be managed in accordance with nib's Privacy Policy, accessible at <https://www.nib.com.au/legal/privacy-policy>. If you would like to gain access to your personal information, please contact nib as outlined in the Privacy Policy.

nib health funds limited ABN 83 000 124 381

