HSBC Overseas Visitors Medical Corporate Health Plan

1. Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE.**
2. Please complete all details that are relevant to you on all pages of this form.
3. Read the declaration and sign all the relevant signature panels.
4. See Important Information at **bupa.com.au/visitors-info** for details relating to how you are covered.

ORGX: 312532

SECTION A: I'm applying to

- [ ] **Join as a new applicant**
- [ ] **Transfer from another health fund or insurer**
  You'll also need to fill in the clearance certificate request – see 'Section I: Transferring from another health fund?'
- [ ] **Transfer from Bupa overseas**
  See Section J: Transferring from Bupa overseas.
- [ ] **Add someone to my membership** You, as the Policyholder, will need to fill in this form to add someone to your membership.
- [ ] **Change my level of cover, other membership details, or nominate a tier for the Australian Government Rebate on private health insurance.**

SECTION B: Your details

Existing Bupa Membership number *(if relevant)*

Surname

First name

Initial Title | Date of birth (D D M M Y Y) | [ ] Male [ ] Female

Visa type and sub-class

Employee number *(if relevant)*

Note: *The person named opposite is the Policyholder and has legal responsibility for the membership and for ensuring that premiums are kept up-to-date. Only the Policyholder is authorised to operate the membership and collect benefits on behalf of another insured person, unless they nominate an authorised person (see Section D). All membership correspondence will be directed to the Policyholder unless indicated otherwise.*

Which state will you be living in?

[ ] VIC [ ] NSW/ACT [ ] QLD [ ] SA
[ ] NT [ ] WA [ ] TAS

Current country of residence

Visa length

SECTION C: Contact details

Residential address in Australia *(if known)*

Postcode

Australian mail address *(if different from residential address)*

Postcode

Please let us know how you'd like to hear from us [ ] Email [ ] Mail

We'll stick to your preferences wherever possible. But we are required to send some things by mail and some aren't available via email.

If you are applying from outside of Australia, what is your residential country address?

Postcode Country

Home phone *(including area code)*

Work phone *(including area code)*

Mobile

Email **(Mandatory for sending your visa info)**

EDITABLE

103210416S

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION D: Your partner's details

Existing membership number *(if relevant)*

First name

Surname

Title

Initial

Date of birth

D D M M Y Y

Sex (M/F)

Visa type and sub-class

Partner mail address *(if different to yours)*

Postcode

Home phone *(including area code)*

Work phone *(including area code)*

Mobile

Email

Partner communication preferences (if different to yours)

X Email X Mail

Partner or third party authority

X If you wish to give your partner (as listed in section D) or third party (as listed in section E) authority to operate this membership please cross this box. By authorising your partner or third party you acknowledge that they will have the same rights and obligations as you, including the ability to cancel the policy or remove you from the policy. You also acknowledge that you remain responsible for your membership and for the actions of the authorised person, that authorisation is given at your own risk and that you will have no recourse against Bupa for any acts or omissions by the authorised person. This authority will remain in place until you contact us to revoke it. **If at any time, you wish to change the Authorised person, please contact us.**

X We are required to provide some personal communications, for example tax statements, to every adult on your membership (except dependent children). We will provide these communications directly to the policy holder, combined with their own (via their preferred communication method which they may vary at anytime). **If you would prefer us to issue your personal communications to you separately, please cross this box.**

SECTION E: Authorised person's details

Surname

First name

Initial

Title

Date of birth

X Male X Female

Residential address

Postcode

Mail address (if different from residential address)

Postcode

Home phone (including area code)

Work phone (including area code)

Mobile

Email address

My relationship to the Policyholder

SECTION F: Authorised person's declaration

To be completed by the authorised person

I, the authorised person named in section E, accept the rights and obligations conferred by this authority described in section D. I confirm I am over the age of 18 years and have the capacity to assume the rights and obligations conferred by the authority.

Authorised person's signature

Date

D D M M Y Y

EDITABLE

103210416S

SECTION G: Your additional family member details

If you need to add more than 3 people to be covered under your policy, please enclose a separate page with the details of the additional person(s). By providing the details of your partner/additional family members, you acknowledge that you have the consent of each person aged 17 or over to provide this information to us.

	Surname	First name	Date of birth	Gender (M/F)	Relationship
Child 1					
Child 2					
Child 3					

Any full-time students can continue to be covered under this membership until age 25.

Note: If you have any non full-time students (aged between 21–24 inclusive) they will be required to purchase their own single health insurance cover.

	Child 1	Child 2	Child 3
Name of tertiary institution			
Expected date of completion			

SECTION H: Your Cover requirements

Before completing this section, please refer to your brochure for details of the covers available under your company's corporate overseas visitors cover health plan.

Which kind of Cover would you like?

☐ Singles ☐ Couples ☐ Family ☐ Single Parent

Visitors Cover

☒ Gold Visitors Cover

If you are eligible for Medicare, you may also have to pay the Medicare Levy Surcharge. Bupa's Reciprocal Health Cover can help eliminate the Medicare Levy Surcharge. This cover only applies to residents of countries with which Australia has a Reciprocal Health Care Agreement. Reciprocal Health Cover must be taken in conjunction with an overseas visitor's hospital product. Visit www.privatehealthinsurance.gov.au/healthinsurance/overseas or call Bupa on 134 135 for more information.

Bupa Membership is only effective from the 1st of any month following the commencement of your employment.

☐ from this date in the future 0 1 _ _ _ _

EDITABLE

103210416S

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION I: Transferring from another health fund?

Clearance certificate request

All Australian registered health funds are required to issue you with a clearance certificate when you cancel your health cover with them. When you transfer from another insurer you'll be able to access the same or equivalent level of benefits once we receive a Clearance Certificate that tells us what you were covered for with your previous insurer.
If you would like us to cancel your existing health fund cover for you and receive the clearance certificate on your behalf, please complete this section. If you have a direct debit arrangement with your existing health fund, please remember to cancel the deductions with your bank. If your partner (if named on this form) is transferring from another fund, they will need to complete a separate "Clearance Certificate Request". They can access this form at bupa.com.au. Benefits will be payable upon receipt of a Clearance Certificate to determine your entitlements.

Name of existing health fund

Existing health fund cover/membership number

Your health cover details with existing health fund

Surname

First name Title

Date of birth

D D M M Y Y

Level of Cover

The other health fund cover relates to:

X myself X my partner X my children X my parents

I confirm that I/we have held this cover for a minimum of 12 months from the date I/we request to join Bupa.

If not, date joined: Date to which health cover is paid:

D D M M Y Y D D M M Y Y

I authorise Bupa to terminate my health cover with your organisation (if still current) from the cancellation date and obtain details about my health cover. Please issue a clearance certificate to Bupa. I declare that I have obtained consent from all transferring adults for Bupa to act on their behalf in obtaining their clearance certificate. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Cancellation date

D D M M Y Y

Applicant's signature Date

D D M M Y Y

Note: *The signatory above must have legal responsibility for the health cover at the 'existing fund'.*

If you are transferring to a working visa cover from a recognised Overseas Health Insurer or General insurer you will need to supply us with either; an International Clearance/Member Certificate or a Certificate of Currency or a document on an official letterhead confirming your membership. We will need to see: your previous level of cover, what you were covered for, your join date, the date you were paid to and the details of all persons covered. This will allow us to determine if we can offer you continuity of cover from your previous insurer.

OFFICE USE ONLY

Join date Member number

D D M M Y Y

SECTION J: Transferring from Bupa overseas?

Your overseas Bupa membership number

Your partner's overseas Bupa membership number *(if relevant)*

Surname

First name Title

Date of birth

D D M M Y Y

Level of cover

The overseas Bupa cover relates to:

X myself X my partner X my children X my parents

I confirm that I/we have held this cover for a minimum of 12 months from the date I/we request to join Bupa.

If not, date joined: Date to which health cover is paid:

D D M M Y Y D D M M Y Y

SECTION K: Paying your premium

Invoice will be sent to your employer

EDITABLE

103210416S

SECTION L: To receive the Australian Government Rebate on private health insurance as a reduced premium

IMPORTANT: The Rebate is available on Extras Cover and Reciprocal Health Cover.

If you are from a country that has a Reciprocal Health Care Agreement with Australia, you may be eligible to receive the Australian Government Rebate on private health insurance. Please note that you will be required to apply for a Medicare Card before you can apply for any rebate.

Please complete this section to receive the Rebate as a reduced premium. If you do not complete this section, full premiums apply.

1. Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

X **Yes.** *Please complete the remainder of this section.* X **No.** *You cannot apply for the Rebate until you obtain a Medicare card.*

2. Are you covered by this membership?

X **Yes.**

X **No.** *Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.*

Medicare card number

Your name exactly as it appears on your Medicare card

Valid to

M M Y Y Y Y

Some of the information provided on this form will be used for the purpose of registering you for the Australian Government Rebate on private health insurance. Its collection is authorised by law, and information collected will be disclosed to the Department of Health, Department of Human Services and the Australian Taxation Office.

Policyholders should nominate a rebate tier based on their estimated income for the financial year.

I'd like to nominate the rebate tier below to be applied to my membership. If you do not nominate a rebate tier, Tier 3 will be applied to your membership.

		APPLICABLE REBATE %^			INCOME THRESHOLDS 2015–2018*	
Tier		Under 65	65–69yrs	70+	Single	Couples/ Family~
Base	☐	26.791%	31.256%	35.722%	Up to $90,000	Up to $180,000
Tier 1	☐	17.861%	22.326%	26.791%	$90,001 to $105,000	$180,001 to $210,000
Tier 2	☐	8.930%	13.395%	17.861%	$105,001 to $140,000	$210,001 to $280,000
Tier 3	☐		0%		$140,001 or more	$280,001 or more

^Applicable rebate % changes annually from 1 April. *Income thresholds effective 1 July 2015 – 30 June 2018. For more information visit ato.gov.au. ~Thresholds also apply to single parents and increase by $1500 for each child after the first.

If you are entitled to a Savings Provision Entitlement, a Savings Provision Clearance Certificate must be provided by your previous health fund.

There are no penalties for nominating an incorrect rebate tier. If the applicant claims a rebate tier that is different to their actual entitlement any adjustments required will be made when their annual tax return is completed.

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify your health fund as soon as possible.

For more information about the Australian Government Rebate on Private Health Insurance, go to humanservices.gov.au/privatehealth. Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 132 011.

Note: *Call charges apply – calls from mobile phones may be charged at a higher rate.*

X I'd like to make this change from my first payment on or after: D D M M Y Y

Applicant's signature

Date D D M M Y Y

EDITABLE

103210416S

Applicant, please read then sign this declaration

Privacy Statement
Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our *Information Handling Policy*, available on our website at www.bupa.com.au or by calling us on 134 135. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a *'Keeping your personal information confidential'* form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us. Transferring from another fund I am transferring from another private health insurer and hereby authorise Bupa Australia Pty Ltd to cancel my previous membership with that other insurer and obtain information about my previous policy on my behalf from other private health insurers as applicable.

Terms and Conditions
I accept to be bound by the Overseas Visitors Rules of Bupa Australia Pty Ltd (available on our website, or by calling us), as amended from time to time. I acknowledge that I have read the brochure in full and understand the terms and conditions of my cover, including those relating to pre-existing conditions, waiting periods, restricted benefit periods or any exclusions that apply to my cover. I declare that the information I have provided is true and correct. I have read and consent to, and have made the other people on this policy aware of, the collection, use and disclosure of my personal information as set out in this Privacy Statement and in the Information Handling Policy (available on our website, or by contacting us). I acknowledge that, where practicable, information is provided with the consent of the individual to whom it relates.

Applicant's signature

Date D D M M Y Y

Just before you send

☐ Check that you have signed all the signature boxes relevant to your application, including the declaration above. PLEASE DO NOT STAPLE.

Please scan and email your completed application to:
humanresources@hsbc.com.au

If you would like any assistance, please call us on 134 135.

Bupa Australia Pty Ltd ABN 81 000 057 590

OFFICE USE ONLY

Document name

Consultant

Session ID

EDITABLE

103210416S

Hospital and medical

1 April 2016

Gold Visitors Cover

✓ What's covered

Hospital Costs

When admitted to a Members First, Network or public hospital in Australia, in most cases you will be covered for in-hospital charges including:

- ✓ Accommodation for overnight or same day stays
- ✓ Operating theatre, intensive care and labour ward fees
- ✓ Reimbursement on emergency department facility fees at any public or private hospital in all circumstances
- ✓ Supplied pharmaceuticals approved by the Pharmaceutical Benefits Scheme (PBS) and provided as part of your in-hospital treatment
- ✓ Physiotherapy, occupational therapy, speech therapy and other allied health services provided as part of an inpatient admission
- ✓ Surgically implanted prostheses up to the approved minimum benefits in the Government Prostheses List
- ✓ Private room where available and clinically appropriate^
- ✓ Benefits for hire or purchase of crutches and wheelchairs, if required as a result of a hospital admission, up to $500 per person per calendar year.

Medical Costs

These are the fees charged by a doctor, surgeon, anaesthetist or other specialist for any treatment given to you. You are covered for:

- ✓ The cost of in-patient medical services up to 100% of the Australian Medical Association (AMA) Schedule fee. This is the amount determined by the AMA for a specific service for Australian residents. If your doctor or specialist charges more than the AMA Schedule Fee there will be a 'gap' for you to pay
- ✓ Medical treatment as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia, for up to 150% of the Medicare Benefits Schedule (MBS) benefit. This is the amount determined by the Federal Government for a specific service for Australian residents. If your doctor or specialist charges more than the MBS Schedule Fee there will be a 'gap' for you to pay
- ✓ Most inpatient or outpatient diagnostic tests recognised by Medicare as medically necessary (e.g. pathology, radiology).

Other Costs

You will also receive:

- ✓ Full ambulance cover including unlimited emergency and non-emergency transportation and on-the-spot treatment by our recognsied providers until **31 May 2016**.

  Effective 1 June 2016, you will continue to receive unlimited cover for emergency ambulance services including emergency ambulance transport and on-the-spot treatment by our recognised providers.

  For non-emergency ambulance services by our recognised providers, your cover will be limited to 3 times per person per calendar year
- ✓ Cover for repatriation to your country of origin if you become terminally ill or if you suffer a substantial life altering illness/injury up to $100,000. Or for the return of mortal remains up to $10,000. Benefits are only payable once approved by Bupa
- ✓ Selected pharmacy items including discharge medication. You pay $20 then we refund 90% of the balance per script item up to a maximum of $600 per person per calendar year. This is provided the item's usage is approved by the Therapeutic Goods Administration (TGA).

^Conditions apply, contact us for details.

WHY BUPA?

Drawing on over 65 years experience in health

A global healthcare leader

Helping our members live longer, healthier, happier lives

Extra value from your membership

Positive Health Guides

We have a range of health programs covering asthma, arthritis, back pain, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease and angina, depression, osteoporosis and diabetes which can help you better manage your health.

Gold Visitors Cover_Product Sheet_11124-04-16S B

Gold Visitors Cover

✕ What's not covered

Hospital Costs

Situations when you are likely not to be covered include:

- ✕ During a waiting period – A waiting period is the time when you are not covered for a particular service. It starts on the date that you enter Australia or the date that you start your membership, whichever is the later date
- ✕ When specific services or treatments are a minimum benefit service or excluded from your level of cover
- ✕ It is likely that you will have large out-of-pocket expenses for treatment at a non-agreement or fixed fee private hospital
- ✕ Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment
- ✕ Hospital treatment for which Medicare pays no benefit
- ✕ Cosmetic and reconstructive surgery
- ✕ If you are in hospital for 35 days and you have been classified as a 'nursing home type patient'. In this situation you may receive limited benefits or be required to make a personal contribution towards the cost of your care
- ✕ Benefits for pharmaceuticals supplied upon discharge from the hospital. (Note whilst this will not be payable under hospital costs, in some circumstances, discharge medication may be covered under Other Costs)
- ✕ Non-PBS, high cost drugs
- ✕ If you choose to use your own allied health provider rather than the hospital's practitioner for services that form part of your in-hospital treatment (e.g. chiropractors, dieticians or psychologists)
- ✕ Where compensation, damages or benefits may be claimed by another source (e.g. Workers Compensation)
- ✕ Any treatment or services rendered outside Australia.

Medical Costs

You will not be covered for:

- ✕ Medical services for surgical procedures performed by a dentist, podiatrist or any other practitioner or service that is not eligible for a rebate by Medicare
- ✕ Outpatient medical services provided by an allied health provider
- ✕ Costs for medical examinations, x-rays, inoculation or vaccinations and other treatments required relating to acquiring a visa for entry into Australia or permanent residency visa.

Exclusions

Bupa pays benefits under your visitors cover for services that Medicare covers. Medicare does not cover some health screening services and services that are not medically necessary. The following services are not covered under this product:

- ✕ IVF and assisted reproductive services
- ✕ Cosmetic surgery that is not clinically necessary.

myBupa

myBupa is your personal online member portal. You can use it to do things like:

- claim on most extras
- check your claims history
- manage your contact details.

If you haven't registered yet it only takes a couple of minutes, visit **bupa.com.au/myBupa.** You can also do all this from your mobile by visiting **bupa.com.au** or by downloading the Bupa mobile app from the App Store* or Google Play.#

*App Store is a service mark of Apple Inc. #Android and Google Play are trademarks of Google Inc.

Bupa Plus

At Bupa, we want to help our members lead healthier, happier lives. We've put together an exclusive range of discounts, experiences, tools and information to help you get more out of every day. You don't have to do anything to start discovering the exclusive range of offers from Bupa Plus. They are ready for you to enjoy now.

Visit Bupa Plus at **bupa.com.au/bupaplus**

By your side wherever you are

If the unexpected happens during your stay in Australia or while you're travelling overseas, our 24-hour health advice line can provide you with phone based support and information including advice about simple medical problems, nearest medical facilities and translation services. Plus, if you're planning a trip overseas, you can get medical information on the countries you are visiting. Just look for the number on the back of your membership card.

Benefits are payable for any hospital, medical or extras services with a current or valid visa only.

Gold Visitors Cover_Product Sheet_11124-04-16S B

1 April 2016

Gold Visitors Cover

Things you should know

Hospital and medical waiting periods

A waiting period is the time when you are not covered for a particular service. It starts on the date that you enter Australia or the date that you start your membership, whichever is the later date. Once you have completed your waiting period, you will receive the benefits listed under your level of cover for that service. Different waiting periods apply for different services.

Pre-existing conditions relating to psychiatric, rehabilitation and palliative care	2 months
All other pre-existing conditions, ailments, or illnesses	12 months
Pregnancy (including childbirth)	12 months

Excess

You can choose an excess option of Nil or $500. The total excess amount is payable once per person per calendar year, up to a maximum of twice on the membership. Each individual on the membership will never pay their total excess amount more than once per calendar year. If the total excess amount for an individual is not reached in a single hospital admission, the remaining balance of that excess is payable if that individual has a subsequent hospital admission in that calendar year.

No hospital excess for kids

We're committed to providing affordable health insurance. That's why on $500 excess cover you won't pay the excess when any children covered on your membership are admitted to hospital.

Family In-Hospital Benefit

Helps pay towards accommodation (up to $60 per night) and meal costs (up to $30 per day) if your partner, immediate family member, carer or next of kin needs to stay in hospital with you or another person on your membership. Your Family In-Hospital Benefit is capped at $1,000 per person per calendar year.

Genesis Heart Care

We've partnered with Genesis Heart Care, a network of cardiologists across Victoria, Queensland, South Australia and Western Australia focusing on providing quality, evidence based cardiology services. When you see a cardiologist from Genesis Heart Care you will have no out-of-pocket expenses for your in-hospital cardiologist treatment. You'll also be provided with information and advice so you can make informed decisions about your treatment and lifestyle.

Do you have to pay Australia's Medicare Levy Surcharge?

The Medicare Levy Surcharge (MLS) is an additional surcharge on top of the Medicare Levy paid by all eligible taxpayers in Australia. You will have to pay the MLS if you are from a Reciprocal Health Care Agreement (RHCA) country[1] and are eligible for a Reciprocal Medicare card in Australia and earn over the threshold amount for singles, or couples and families, set by the Australian Government. If this applies to you, and you purchase Reciprocal Health Cover in addition to your overseas visitors cover, at the end of the financial year you'll receive a tax statement which can be provided to the Australian Tax Office to exempt you from paying the MLS. If you're unsure or have any questions about how the MLS could affect you, please discuss with your accountant or visit ato.gov.au.

1. RHCA countries include Belgium, Finland, the Republic of Ireland, Italy, Malta, Netherlands, New Zealand, Norway, Slovenia, Sweden, and United Kingdom.

Call us first

If you're planning a treatment or hospital admission, call us first so we can discuss your options, work out what you're covered for and check that you've served any relevant waiting periods. This can help you avoid any unnecessary out-of-pocket expenses and allow you to make more informed choices and be confident about what to expect during your hospital stay.

For more information

- Call us on 134 135
- Visit bupa.com.au/overseas
- Drop by your local Bupa centre

Please contact us for a full list of visa types this cover is suitable for.

Please note: If you are applying for a working visa e.g. 457 Temporary Work (Skilled) visa, this cover meets the minimum level of insurance required as set out by the Department of Immigration and Border Protection (DIBP).

Gold Visitors Cover_Product Sheet_11124-04-16S B

HSBC Overseas Visitor Extras Corporate Health Plan

1. Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE.**
2. Please complete all details that are relevant to you on all pages of this form.
3. Read the declaration and sign all the relevant signature panels.
4. See Important Information at bupa.com.au/corporate-info for details relating to how you are covered.

ORGX: 313092

SECTION A: I'm applying to

- X **Join as a new applicant**
- X **Transfer from another health fund**
  You'll also need to fill in the clearance certificate request – see 'Section H: Transferring from an Australian health fund?'
- X **Transfer from Bupa overseas**
  See Section I: Transferring from Bupa overseas.
- X **Add someone to my membership**
  You, as the Policyholder, will need to fill in this form to add someone to your membership.
- X **Change my level of cover, other membership details, or nominate a tier for the Australian Government Rebate on private health insurance.**

SECTION B: Your details

Existing Bupa Membership number (if relevant)

Surname

First name

Initial | Title | Date of birth (D D M M Y Y)

Gender

X Male X Female

Visa type and sub-class

Visa length

D D M M Y Y – D D M M Y Y

Note: *The person named opposite is the Policyholder and has legal responsibility for the membership and for ensuring that premiums are kept up-to-date. Only the Policyholder is authorised to operate the membership and collect benefits on behalf of another insured person, unless they nominate an authorised person (see Section D). All membership correspondence will be directed to the Policyholder unless indicated otherwise.*

Which state will you be living in?

X NSW/ACT X NT X QLD X SA

X TAS X VIC X WA

Current country of residence

Employee number (if relevant)

EDITABLE

11593016S

Bupa Australia Pty Ltd
ABN 81 000 057 590
10183-10-11S_MH FLWR

SECTION C: Contact details

Your residential address in Australia *(if known)*

Postcode

Australian mail address *(if different from residential address)*

Postcode

Please let us know how you'd like to hear from us

X Email X Mail

We'll stick to your preferences wherever possible. But, we are required to send some things by mail and some aren't available via email.

If you are applying from outside of Australia, what is your residential country address?

Postcode Country

Home phone (including area code)

Work phone (including area code)

Mobile

Email **(Mandatory for sending your visa info)**

SECTION D: Your partner's details

Existing membership number *(if relevant)*

Surname

First name

Initial Title Date of birth D D M M Y Y

Gender

X Male X Female

Visa type and sub-class

Partner mail address (if different to yours)

Postcode

Home phone (including area code)

Work phone (including area code)

Mobile

Email

Partner communication preferences (if different to yours)

X Email X Mail

Partner or third party authority

X If you wish to give your partner (as listed on section D) or third party (as listed on section E) authority to operate this membership please cross this box. By authorising your partner or third party you acknowledge that they will have the same rights and obligations as you, including access to health information and the ability to cancel the policy or remove you from the policy. You also acknowledge that you remain responsible for your membership and for the actions of the authorised person, that authorisation is given at your own risk and that you will have no recourse against Bupa for any acts or omissions by the authorised person. This authority will remain in place until you contact us to revoke it. If at any time, you wish to change the Authorised person, please contact us.

X We are required to provide some personal communications, for example tax statements, to every adult on your membership (except dependent children). We will provide these communications directly to the policy holder, combined with their own (via their preferred communication method which they may vary at anytime). **If you would prefer us to issue your personal communications to you separately, please cross this box.**

EDITABLE

11593041 6S

SECTION E: Authorised person's details

Surname

First name

Initial | Title | Date of birth (D D M M Y Y)

Gender

X Male X Female

Residential address

Postcode

Mail address (if different from residential address)

Postcode

Home phone (including area code)

Work phone (including area code)

Mobile

Email address

My relationship to the Policyholder

Authorised person's declaration

To be completed by the authorised person
I, the authorised person named in section E, accept the rights and obligations conferred by this authority described in section D. I confirm I am over the age of 18 years and have the capacity to assume the rights and obligations conferred by the authority.

Authorised person's signature

Date (D D M M Y Y)

SECTION F: Your additional family member details

If you need to add more than 3 people to be covered under your policy, please enclose a separate page with the details of the additional person(s). By providing the details of your additional family members, you acknowledge that you have the consent of each person aged 17 or over to provide this information to us.

	Surname	First name	Date of birth	Gender (M/F)	Relationship
Child 1			D D M M Y Y		
Child 2			D D M M Y Y		
Child 3			D D M M Y Y		

Any full-time students can continue to be covered under this membership until age 25.

Note: If you have any non full-time students (aged between 21–24 inclusive) they will be required to purchase their own single health insurance cover.

	Child 1	Child 2	Child 3
Name of tertiary institution			
Expected date of completion	D D M M Y Y	D D M M Y Y	D D M M Y Y

EDITABLE

11593041 6S

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION G: Your Cover requirements

Which kind of Cover would you like? ☐ Singles ☐ Couples ☐ Family ☐ Single Parent

Vistors Cover

☐ Reciprocal Health Cover[#]

Extras Cover

☐ Corporate 80 Extras

[#] Reciprocal Health Cover can help eliminate the Medicare Levy Surcharge (MLS). It must be taken in conjunction with another hospital product or packaged product. It only applies to residents of countries with which Australia has a Reciprocal Health Care Agreement.

I would like my membership to commence (please choose one option)

☐ As soon as my application has been accepted (an initial payment is required upon application and/or an adjusting payment may be required at a later date)

☐ from this date in the future ☐☐☐☐☐☐

☐ From the date covered by the first direct debit deduction I've indicated overleaf in 'Section J: Paying your premium'

EDITABLE

11593041 6S

SECTION H: Transferring from an Australian health fund?

Clearance certificate request

All Australian registered health funds are required to issue you with a clearance certificate when you cancel your health cover with them. When you transfer from another insurer you'll be able to access the same or equivalent level of benefits once we receive a Clearance Certificate that tells us what you were covered for with your previous insurer.
If you would like us to cancel your existing health fund cover for you and receive the clearance certificate on your behalf, please complete this section. If you have a direct debit arrangement with your existing health fund, please remember to cancel the deductions with your bank. If your partner (if named on this form) is transferring from another fund, they will need to complete a separate "Clearance Certificate Request". They can access this form at bupa.com.au. Benefits will be payable upon receipt of a Clearance Certificate to determine your entitlements.

Name of existing health fund

Existing health fund cover/membership number

Your health cover details with existing health fund

Surname

First name

Title

Date of birth

D D M M Y Y

Level of Cover

The other health fund cover relates to:

X Myself X My partner X My children X My parents

I confirm that I/we have held this cover for a minimum of 12 months from the date I/we request to join Bupa.

If not, date joined:

D D M M Y Y

Date to which health cover is paid:

D D M M Y Y

I authorise Bupa to terminate my health cover with your organisation (if still current) from the cancellation date and obtain details about my health cover. Please issue a clearance certificate to Bupa. I declare that I have obtained consent from all transferring adults for Bupa to act on their behalf in obtaining their clearance certificate. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Cancellation date

D D M M Y Y

Applicant's signature

Date

D D M M Y Y

Note: *The signatory above must have legal responsibility for the health cover at the 'existing fund'.*

If you are transferring to a working visa cover from a recognised Overseas Health Insurer or General insurer you will need to supply us with either; an International Clearance/Member Certificate, Certificate of Currency or a document on an official letterhead confirming your membership. We will need to see: your previous level of cover, what you were covered for, your join date, the date you were paid to and the details of all persons covered. This will allow us to determine if we can offer you continuity of cover from your previous insurer.

OFFICE USE ONLY

Join date

D D M M Y Y

Member number

SECTION I: Transferring from Bupa overseas?

Your overseas Bupa membership number

Your partner's overseas Bupa membership number *(if relevant)*

Surname

First name

Title

Date of birth

D D M M Y Y

Level of cover

The overseas Bupa cover relates to:

X Myself X My partner X My children X My parents

I confirm that I/we have held this cover for a minimum of 12 months from the date I/we request to join Bupa.

If not, date joined:

D D M M Y Y

Date to which health cover is paid:

D D M M Y Y

EDITABLE

11593041 6S

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION J: Paying your premium

Existing Bupa Membership number (if relevant)

I'd like to pay my premiums automatically by direct debit from:

OPTION A:
My bank, building society or credit union account

OPTION B:
My credit card account

Please choose only one of these options, and fill in your frequency preference and account details below. Please allow up to 14 days for processing. Please note that we require at least two working days to cancel or amend a direct debit payment. For other payment options, call Bupa on 134 135.

If the payment date is a weekend or a public holiday, we will debit your account on the next business day. I understand Bupa may deduct a payment after receiving this form that will cover me until my nominated start date for direct debit.

OPTION A: Bank/building society/credit union

(Australian statement accounts only)
I'd like my premiums to be deducted every:

Fortnight
on this day (Mon-Fri)

Month Quarter 6 month Year

I would like the first debit to occur on or after:

Name of financial institution

Name of account holder(s)

BSB number - Bank account number

I/We request and give authority to Bupa (user ID 793) to arrange funds to be direct debited from my/our account in accordance with the terms described in the Bupa Direct Debit Service Agreement.

Account holder's signature Date

Note: if joint account, all signatures required.

Joint account holder's signature Date

OPTION B: Credit card

I authorise Bupa to charge my:

Visa Mastercard American Express

Please deduct

A single payment for Month's premium, and/or

a recurring direct debit every:

Fortnight
on this day (Mon-Fri)

Month Quarter 6 month Year

I would like the first debit to occur on or after:

Credit card number

Cardholder's name (as shown on card)

Expiry date

Cardholder's signature Date

EDITABLE
11593041 6S

SECTION K: To receive the Australian Government Rebate on private health insurance as a reduced premium

IMPORTANT: The Rebate is available on Extras Cover and Reciprocal Health Cover.

If you are from a country that has a Reciprocal Health Care Agreement with Australia, you may be eligible to receive the Australian Government Rebate on private health insurance. Please note that you will be required to apply for a Medicare Card before you can apply for any rebate.

Please complete this section to receive the Rebate as a reduced premium. If you do not complete this section, full premiums apply.

By completing this form I acknowledge that I am authorising Bupa to advise my employer that I have elected to change my Australian Government Rebate tier and the details of my new rebate tier.

1. Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

X **Yes.** *Please complete the remainder of this section.*

X **No.** *You cannot apply for the Rebate until you obtain a Medicare card.*

2. Are you covered by this membership?

X **Yes.**

X **No.** *Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.*

Medicare card number

[ ][ ][ ][ ] – [ ][ ][ ][ ][ ][ ] – [ ]

Your name exactly as it appears on your Medicare card

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Valid to

[M][M][Y][Y][Y][Y]

Some of the information provided on this form will be used for the purpose of registering you for the Australian Government Rebate on private health insurance. Its collection is authorised by law, and information collected will be disclosed to the Department of Health, Department of Human Services and the Australian Taxation Office.

Applicants should nominate a rebate tier based on their estimated income for the financial year. If you do not nominate a rebate tier, the Base Tier will be applied to your membership.

I'd like to nominate the rebate tier below to be applied to my membership. If you do not nominate a rebate tier, the Base Tier will be applied to your membership.

Please cross one box only.

		APPLICABLE REBATE %^			INCOME THRESHOLDS 2015–2018*	
Tier		**Under 65**	**65–69yrs**	**70+**	**Single**	**Couples/ Family~**
Base		26.791%	31.256%	35.722%	Up to $90,000	Up to $180,000
Tier 1		17.861%	22.326%	26.791%	$90,001 to $105,000	$180,001 to $210,000
Tier 2		8.930%	13.395%	17.861%	$105,001 to $140,000	$210,001 to $280,000
Tier 3		0%			$140,001 or more	$280,001 or more

^Applicable rebate % changes annually from 1 April. *Income thresholds effective 1 July 2015 – 30 June 2018. For more information visit ato.gov.au. ~Thresholds also apply to single parents and increase by $1500 for each child after the first.

If you are entitled to a Savings Provision Entitlement, a Savings Provision Clearance Certificate must be provided by your previous health fund.

There are no penalties for nominating an incorrect rebate tier. If the applicant claims a rebate tier that is different to their actual entitlement any adjustments required will be made when their annual tax return is completed.

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify your health fund as soon as possible.

For more information about the Australian Government Rebate on Private Health Insurance, go to humanservices.gov.au/privatehealth. Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 132 011.

Note: *Call charges apply – calls from mobile phones may be charged at a higher rate.*

X I'd like to make this change from my first payment on or after: [D][D][M][M][Y][Y]

Applicant's signature

Date [D][D][M][M][Y][Y]

EDITABLE

11593041 6S

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION L: Applicant, please read then sign this declaration

Privacy Statement
Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our *Information Handling Policy*, available on our website at www.bupa.com.au or by calling us on 134 135. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a '*Keeping your personal information confidential*' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Direct Debit Service Agreement
This agreement outlines the responsibilities of Bupa Australia Pty Ltd ("**we**", "**us**", "**our**") and you. We will confirm the direct debit arrangements prior to the first drawing (including the premium amount and frequency) and debit your nominated account. Deductions will occur on the nominated day, except for deductions nominated for the 28th, 29th, 30th or 31st, which will occur on the first day of the following month. If the nominated day falls on a weekend or public holiday, deductions will be made on the closest business day. We will debit all payments in advance and will automatically vary the deduction amount if your premiums or level of cover change. If we vary the deduction amount, we will give you at least 14 days written notice, except when the previous deduction is dishonoured, when we will deduct the previous period's payment together with the current amount due. If you pay premiums at three, six, and twelve month intervals, then should your financial institution dishonour a drawing, we will draw the payment on the nominated day of the following month. If two or more drawings are returned unpaid by your financial institution, we will also stop deducting your premiums from your nominated account and will start sending you renewal notices, pending further instructions from you. We will maintain the privacy and confidentiality of your billing information (unless you have requested or consented that we can disclose it to a third party or the law requires or allows us to do so). We may provide information to our or your financial institution to resolve a dispute on your behalf. You must ensure your nominated account permits direct debiting and that sufficient cleared funds are available in that account on the due date to cover the premiums due. Your financial institution may charge a fee if the payment cannot be met. You must ensure the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based. You must notify us if the nominated account is transferred or closed. You must pay your premium by an alternative method if either you or we cancel the direct debit arrangements. You must ensure your payments are up-to-date, whether a notice is received from us or not. If paying by credit card, you need to advise us of your new expiry date prior to expiry. You may request that we cancel or alter the debit drawing arrangements by contacting us and providing at least five working days notice of any requested changes. These changes may include deferring the debit, altering the debit dates, stopping an individual debit, suspending the direct debit arrangement or cancelling the direct debit completely. You can dispute any debit drawing or terminate the deductions at any time by notifying us in writing not less than seven days before the next scheduled debit drawing. If you have any queries about your direct debit agreement, please contact us. We undertake to respond to queries concerning disputed transactions within five working days of notification.

Terms and Conditions
I accept to be bound by the Overseas Visitors Rules of Bupa Australia Pty Ltd (available on our website, or by calling us), as amended from time to time. I acknowledge that I have read the brochure in full and understand the terms and conditions of my cover, including those relating to pre-existing conditions, waiting periods, restricted benefit periods or any exclusions that apply to my cover. I declare that the information I have provided is true and correct. I have read and consent to, and have made the other people on this policy aware of, the collection, use and disclosure of my personal information as set out in this Privacy Statement and in the *Information Handling Policy* (available on our website, or by contacting us). I acknowledge that, where practicable, information is provided with the consent of the individual to whom it relates.

Applicant's signature

Date D D M M Y Y

EDITABLE

11593041 6S

Just before you send

☐ Check that you have signed all the signature boxes relevant to your application, including the declaration above.
PLEASE DO NOT STAPLE.

Please scan and e-mail your completed form to humanresrouces@hsbc.com.au

If you would like any assistance, please call us on 134 135.

Bupa Australia Pty Ltd ABN 81 000 057 590

OFFICE USE ONLY

Document name

Consultant

Session ID

Corporate
80 Extras

Corporate 80 Extras ensures you know exactly how much you'll pay for treatment at any health care provider recognised by us. You'll get back 80% of the fee charged on most extras services, up to your yearly limits.

What's covered

80% of cost at all our recognised providers~

Services	Waiting Periods	Yearly Limits^
General dental	2 months	Year 1: Amount $1,200 2: $1,320 3: $1,440 4: $1,560 5: $1,680 6+: $1,800 ■
Major Dental Including dentures, crowns, bridgework and indirect restorations. Denture replacement claimable every three years.	12 months	Combined with General Dental yearly limits
Orthodontics	12 months	
Optical	2 months	$250
Physiotherapy	2 months	Year 1: Amount $400 2: $440 3: $480 4: $520 5: $560 6+: $600 ■
Antenatal and Postnatal	2 months	$350
Chiropractic and Osteopathy	2 months	Year 1: Amount $400 2: $440 3: $480 4: $520 5: $560 6+: $600 ■
Living Well	6 months	$100
Dietary	2 months	$400
Speech Therapy	2 months	
Eye Therapy	2 months	
Occupational Therapy	2 months	

80% of cost at all our recognised providers~		
Services	**Waiting Periods**	**Yearly Limits^**
Pharmacy* Covers selected items. You pay a set amount, we refund 80% of the balance of the script.	**2 months**	
Psychology	**2 months**	
Podiatry (excludes orthotics)	**2 months**	
Health Aids and Appliances** (includes orthotics) Sub-limits apply.	**12 months**	Year / Amount ■ 1 $500 2 $550 3 $600 4 $650 5 $700 6+ $750
Hire, Repair and Maintenance of Health Aids and Appliances Sub-limit of $100 applies.	**6 months**	
Natural Therapies Includes: acupuncture, Alexander Technique, Chinese herbalism, exercise physiology, Feldenkrais, homeopathy, iridology, naturopathy, Western herbalism and massage. Massage includes: aromatherapy, Bowen Technique, kinesiology, reflexology, shiatsu and remedial massage.	**2 months**	
Home Nursing	**2 months**	$350
Travel and Accommodation	**2 months**	Travel $100 Accommodation $150

Yearly limits

The most you can claim per person in a calendar year, depending on your cover.

■ Loyalty Maximums

We increase how much you can claim each year by a fixed amount for some extras services (applies after the first 12 months up to a maximum of 6 years).

Gap free dental for kids

We'll cover the cost of your kids' dental in most instances at Members First providers until they turn 25 up to your yearly limits.†

~Fund and policy rules, waiting periods and yearly limits apply. ^Per person, per calendar year unless otherwise stated.*Benefits for prescription items that are non-PBS, TGA approved, and not appearing on our exclusions list.**Family limits may apply. †When taken with hospital cover on a family membership, when treatment is provided by a Members First dentist. Fund and policy rules, waiting periods and yearly limits apply. Child dependants only. Excludes orthodontics and hospital treatments. Bupa Australia Pty Ltd. ABN 81 000 057 590. 10292-04-16

VISITORS HEALTH COVER

BUPA. FIND A HEALTHIER YOU

Bupa

At Bupa, it's our purpose that makes us different – helping our members to live longer, healthier, happier lives.

So whatever your reason for visiting Australia, you're in good hands.

HEALTHCARE **IN AUSTRALIA**

We have been around for 65 years and understand that healthcare can be confusing to new visitors. That's why we aim to provide the best advice and support to help you find what's right for your needs.

What is Medicare?

Medicare is Australia's public healthcare system – for all citizens and most permanent residents. It provides free or subsidised cover for certain healthcare services. Some international visitors may receive Medicare benefits if a treatment is considered medically essential.

Do I have access to Medicare?

Are you a visitor from a Reciprocal Health Care Agreement Country?

Use our online tool to find out **bupa.com.au/visitors-medicare**

The Private Healthcare System

The private system includes health insurers like Bupa, who work with Medicare to provide Australians with access to medical services and health providers.

Over 50% of Australians rely on Private Healthcare. Learn more at **privatehealthcareaustralia.org.au**

The Medicare Levy Surcharge (MLS)

If you're eligible for Medicare, you may also need to pay the additional MLS on top of the Medicare Levy.

Add Bupa Reciprocal Health Cover to your visitors cover to help eliminate this surcharge.

Find out more about MLS here **bupa.com.au/visitors-mls**

WATCH OUR YOUTUBE VIDEO **BUPA.COM.AU/VISITORSHEALTHCOVER**

WHY HAVE **PRIVATE HEALTH COVER?**

Don't forget Medicare does not cover ambulance, repatriation or extras.

Meet visa requirements

To be 100% sure you comply with the Australian Government's insurance requirements.

Protect yourself from the unexpected

If the unexpected happens during your stay you can be covered for treatments and medical care.

100% ambulance cover

We take care of all emergency and non-emergency ambulance transport and treatment.

Convenience

Get peace of mind by choosing your doctor, plus where and when you'd like to be treated.

Repatriation cover

We'll help cover the costs of returning you to your country of origin, if you choose one of our working covers.

Extras cover

Choose from a wide range of services including optical and dental.

WATCH OUR YOUTUBE VIDEO **BUPA.COM.AU/VISITORSHEALTHCOVER**

WE'RE HERE TO HELP FIND A HEALTHIER **YOU**

TALK TO HEALTH PROFESSIONALS

24 hour advice line

- advice on simple medical problems
- medical translation services.

SAVE MONEY

Member Exclusives

- health and fitness
- travel, entertainment and experiences.

Visit bupa.com.au/memberexclusives

MANAGE YOUR HEALTH

Bupa tools and apps

- set a personal running goal
- find out what's in your food
- explore your 'real' health age.

Visit bupa.com.au/apps

FIND A PROVIDER

Search for a service

- doctors, hospitals, and Members First ancillary providers
- search by name, type or even your location.

Visit bupa.com.au/find-a-provider

FOR MORE INFORMATION

134 135

bupa.com.au/overseas

Bupa
PO Box 14639
MELBOURNE VIC 8001

Bupa Australia Pty Ltd
ABN 81 000 057 590

Effective 1 April 2014
10306-04-14S

The World of Bupa

Health Cover
Health Coaching & Programs
International Health Cover
Corporate Health Solutions
Optical Products & Services
Dental Services
Aged Care
Medical services
Travel, Home & Car Insurance
Life Insurance

VISITORS IMPORTANT INFORMATION GUIDE

Here you will find information to help you understand how your health cover with us works. It's a good idea to keep a copy of this to refer to in the future. You can access this information online at **bupa.com.au/visitors-info** or view our online glossary at **bupa.com.au/glossary**

Please be aware that these rules apply in addition to our Overseas Visitors Rules.

UNDERSTANDING YOUR VISITORS COVER

What is covered?

Hospital costs

With private hospital cover, you can choose to be treated as a private patient in either a public or a private hospital.

What if I am treated in a Members First or Network Hospital?

Depending on your level of cover you are fully covered as a private patient in most hospitals that Bupa has an agreement with known as Members First and Network hospitals across Australia for any treatment which is recognised by Medicare and is not either restricted or excluded under your cover.

A small number of these hospitals may charge a fixed daily fee, capped at a maximum number of days per stay. The hospital should inform you of this fee when you make a booking. This fee is in addition to any excess you may have as part of your hospital cover.

When admitted to hospital, in most cases you will be covered for in-hospital charges when provided as part of your in-hospital treatment including:

- accommodation for overnight or same-day stays
- operating theatre, intensive care and labour ward fees
- reimbursement on emergency department facility fees at any public or private hospital, if admitted (or in all circumstances depending on your level of cover)
- supplied pharmacy items approved by the Pharmaceutical Benefits Scheme (PBS)
- physiotherapy, occupational therapy, speech therapy and other allied health services

^Conditions apply. Contact us for more information.

- a surgically implanted prosthesis up to the Government minimum benefit published in the Government's Prosthesis List
- private room where available.^

Members First Day Facilities

If you are treated in a Members First day facility, there are no out-of-pocket expenses for medical services (e.g. your specialist's fees). (Any co-payment or excess related to your level of cover will still apply).

We recommend you call us first before making a booking to confirm that your hospital of choice gives you certainty of full cover. We can also discuss any excess that may be applicable to your level of cover. You can find out if a hospital has an agreement with us by checking our website **bupa.com.au/find-a-provider**

What happens if I choose to be a private patient in a public hospital or go to a private hospital that doesn't have an agreement with Bupa?

With us, if you elect to be treated as a private patient in a public hospital or are admitted to a non-agreement private hospital, you are covered as set out below for any treatment recognised by Medicare unless it is excluded or restricted under your cover. If you choose to be treated as a private patient in a public hospital you are entitled to choose your doctor, if they are available. Depending on your illness or condition, this may be the same doctor who would have been allocated to you by the hospital as a public patient. In a non-agreement private hospital, you are responsible for the cost of your stay and may be charged directly for your hospital accommodation, doctor's services (including diagnostic tests), surgically implanted prostheses (e.g. artificial hips) and personal expenses such as TV hire and telephone calls. Some of these hospitals bill Bupa directly for the benefits we pay for your hospital stay under your policy.

The amount we will pay towards your accommodation in a non-agreement private hospital is limited to a minimum shared room benefit. For a non-agreement private hospital this will only partially cover the full cost and you will have significant out-of-pocket expenses. If you request a single room in a non-agreement private hospital, and you receive one, you will incur out-of-pocket expenses as the hospital may charge you more for the room than the benefit that Bupa pays. It is important to note that in public hospitals, single rooms are generally allocated to people who medically need them the most. If required we will also cover any prostheses that are surgically implanted in you during your hospital stay up to the minimum benefit listed on the Government's Prostheses List.

We will cover you for your in-hospital medical costs incurred during an admission in public or non-agreement hospital in the same way as set out under the heading "Inpatient Medical Costs" in this brochure.

The hospital and the treating doctor should let you know what you'll be billed for and how much you will be charged, i.e. they should obtain your Informed Financial Consent before you receive the treatment – if they don't, make sure to ask for full details. Call us to confirm what benefits we'll pay for your public hospital or non-agreement private hospital stay.

Inpatient medical costs

These are the fees charged by your doctor, surgeon, anaesthetist or other specialist for any treatment given to you when you are admitted to a hospital as an inpatient. Put simply, we pay 100% of a schedule fee or 100% of the cost of inpatient medical fees. Depending on your level of cover, we cover you for either the Australian Medical Association (AMA) Schedule fee or the Medicare Benefits Schedule (MBS) fee, or the full cost of treatment. The schedule fees mentioned above are the fees determined by the AMA and the Federal Government respectively, as the appropriate fee for a specific service. Please check your level of cover to determine the benefits that apply.

Outpatient medical costs

This is cover for any treatment you receive from a doctor or specialist in private practice, or as an outpatient (i.e. where you are not admitted into hospital) anywhere in Australia. Depending on what is set out in your level of cover we cover you for 100% to 150% of the Medicare Benefits Schedule (MBS)

fee or 100% of the MBS Scheduled fee for Outpatient costs. The MBS fee is set for each specific service by the Federal Government. Outpatient medical cover is available on most of our visitors covers.

Please check your level of cover to determine which (if any) benefits apply.

Outpatient pharmacy benefit

You can also receive benefits on selected pharmacy items prescribed as an outpatient or by a doctor or specialist. Please check your level of cover to determine the benefits that apply.

Repatriation benefit

If you are on Ultimate Corporate, Platinum, Gold, Essential Plus or Essential Visitors Cover, you will receive cover for repatriation to your country of origin if you become terminally ill or if you suffer a substantial life altering illness/injury up to $100,000. Or for the return of mortal remains up to $10,000. Benefits are only payable once approved by Bupa.

No Repatriation Benefit will be paid if you were:

- first diagnosed as terminally ill
- a reasonable person would have first become aware of the terminal illness
- if you suffered a substantial life altering illness or injury

within the six months prior to the date your cover commenced.

Family In-Hospital Benefit

If you're on a cover that provides Family In-Hospital Benefit, you could receive benefits for accommodation and meal costs if your partner, immediate family member, carer or next of kin is required to stay at hospital with you or a person on your membership. They will be covered for $60 per night for accommodation in hospital and up to $30 a day for hospital meals. Hospital meals are covered when provided at a hospital cafeteria or patient meal menu. A $1,000 per person, per calendar year annual maximum applies to Family In-Hospital Benefit.

Crutches and wheelchairs benefit

If you are on Ultimate Corporate, Platinum, Gold, Top Visitors Cover, Advantage or Guardian Plus Visitors Cover you will receive a benefit for crutches and wheelchairs. For a benefit to be payable, the hire or purchase must be linked to an inpatient admission resulting in the requirement of the item. We will not pay benefits without evidence of a hospital admission. If eligible, we will pay 100% of the cost up to a maximum limit of $500 per person per calendar year for any hire or purchase of crutches or wheelchairs.

What is not covered?

Hospital costs

Situations when you are likely not to be covered include:

- during a waiting period
- when a service is excluded from your level of cover
- when a service is covered as a minimum benefit and you are admitted to a private hospital, you will not be covered above the minimum benefit
- labour ward fees on Short Stay Visitors Cover
- when you are treated at a non-agreement hospital you will not be fully covered
- for the fixed fee charged by a fixed fee hospital or a hospital that has a fixed fee service. This does not apply to Ultimate Corporate Visitors Cover as any fixed fee will be reimbursed
- depending on your level of cover, if you have not been admitted into a hospital and are treated as an outpatient (e.g. emergency room treatment, outpatient ante-natal consultations with an obstetrician) you may not be covered
- for psychiatric and rehabilitation day programs, at a hospital Bupa does not have an agreement with
- hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment
- hospital treatment for which Medicare pays no benefit, including: medical costs

in relation to surgical podiatry (including the fees charged by the podiatric surgeon); cosmetic surgery where not clinically necessary; respite care; experimental treatment and/or any treatment/procedure not approved by the Medical Services Advisory Committee (MSAC)

- personal expenses such as: pay TV, non-local phone calls, newspapers, boarder fees, meals ordered for your visitors, hairdressing and any other personal expenses charged to you unless included in your cover
- if you are in hospital for more than 35 days and you have been classified as a 'nursing home type' patient. In this situation you may receive limited benefits and be required to make a personal contribution towards the cost of your care
- some hospital-subsititute treatment and operative services that are a continuation of care associated with an early discharge from hospital
- for pharmacy items not opened at the point of leaving the hospital unless covered on your visitors or extras cover
- if you choose to use your own allied health provider (e.g. chiropractors, dieticians or psychologists) rather than the hospital's practitioner for services that form part of your in-hospital treatment
- where compensation, damages or benefits may be claimed by another source (e.g. workers compensation)
- for any amount charged by a public or non-agreement hospital which is not covered by us or which is above the benefit that we pay
- for any treatment or service rendered outside Australia
- for any treatments arranged in advance of your arrival in Australia
- Non-PBS, high cost drugs
- if you do not hold a valid visa at the time of admission to hospital and for the duration of your hospital stay.

Medical costs

You will not be covered for:

- medical services for surgical procedures performed by a dentist, surgical podiatrist, or any other practitioner or service that is not eligible for a rebate through Medicare
- costs for medical examinations, x-rays, inoculation or vaccinations and other treatments required relating to acquiring a visa for entry into Australia or permanent residency visa.

For Ultimate Corporate Visitors Cover we will pay for all actual, necessary and reasonable expenses incurred by you and any other person covered by your membership. Should your doctor, surgeon, anaesthetist or other specialist charge us an unreasonable fee (compared to standard practice) for your medical costs, we reserve the right to investigate the fee. In the unlikely event that this occurs, we will contact you to advise if payment of your claim is delayed.

Waiting periods

A waiting period is the time when you are not covered for a particular service. It starts on the date that you enter Australia or the date that you start your membership, whichever is the later date.

If you receive a service or treatment during a waiting period, you are not eligible to receive a benefit payment from us, regardless of when you submit the claim. Different waiting periods apply for different services.

Ultimate Corporate, Platinum, Gold, Essential Plus, Essential, Top and Advantage Visitors Cover waiting periods

The following waiting periods apply to these covers:

- pre-existing conditions, ailments or illnesses – 12 months
- pregnancy (including childbirth) – 12 months.

Guardian Plus Visitors Cover waiting periods

The following waiting periods apply to this cover:

- pre-existing conditions, ailments or illnesses – 12 months
- pregnancy (including childbirth) – 12 months
- palliative care, psychiatric and rehabilitation services – 2 months.

Standard Visitors Cover waiting periods

The following waiting periods apply to this cover:

- psychiatric and rehabilitation services – 12 months
- pre-existing conditions, ailments or illnesses – 12 months.

Short Stay Visitors Cover waiting periods

The following waiting periods apply to this cover:

- palliative care, psychiatric and rehabilitation services – 12 months.

When to contact us

If you have been a Bupa member for less than 12 months on your current visitors cover, it is important to contact us before you are admitted to hospital and find out whether the pre-existing condition waiting period applies to you. Please note: Short Stay Visitors Cover excludes benefits for pre-existing conditions. We need about five working days to make the pre-existing condition assessment, subject to the timely receipt of information from your treating medical practitioner/s. Make sure you allow for this timeframe when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we (the health fund) subsequently determine your condition to be pre-existing, you will be required to pay all hospital charges and medical charges not covered by Medicare.

Planning for a baby

If you are thinking about starting a family we recommend that you contact us to check whether your current level of cover includes pregnancy and other related services in advance. This is because there is a 12-month waiting period applied to pregnancy (including childbirth).

No waiting periods will apply to the newborn provided they have been added to the appropriate family visitors cover within two months of their birth.

UNDERSTANDING YOUR AMBULANCE COVER

Ambulance Cover

For all visitors covers excluding Short Stay Visitors Cover, we will pay 100% of the charges, that is not covered by any other third party arrangements, for transport by ambulance provided by, or under an arrangement with, a government approved ambulance service when medically necessary for admission to hospital, emergency treatment on-site, or inter-hospital transfer for emergency treatment.

This means, for all visitors cover excluding Short Stay Visitors Cover, you receive full ambulance cover, including uncapped emergency and non-emergency air and road transportation and on-the-spot treatment by our Recognised Ambulance Providers.

For Short Stay Visitors Cover, you receive cover for emergency only ambulance cover, including uncapped emergency air and road transportation and on-the-spot treatment by our Recognised Ambulance Providers.

If you need to make a claim for ambulance benefits, we will give you a Patient Ambulance Transportation Form to complete.

Transportation means a journey from the place where immediate medical treatment is sought to the casualty department of a receiving hospital.

Emergency Ambulance Cover for Short Stay Visitors Cover

As part of your cover you receive unlimited emergency only ambulance cover for emergency ambulance air and road transportation and on-the-spot emergency treatment by a Recognised Ambulance Provider.

You'll receive cover for ambulance transport with an approved ambulance service where medically necessary for admission to hospital or for Emergency Treatment. You're not covered for non-emergency transportation from a hospital to your home, a nursing home or another hospital. Whether the transportation is deemed an emergency is determined by the paramedic and usually recorded on the account.

If you need to make a claim for emergency ambulance benefits, we will give you a Patient Ambulance Transportation Form to complete.

Transportation means a journey from the place where immediate medical treatment is sought to the casualty department of a receiving hospital.

Recognised Ambulance Providers

Bupa will only pay benefits towards ambulance services when they are provided by any of the following recognised providers:

- ACT Ambulance Service
- Ambulance Service of NSW
- Ambulance Victoria
- Queensland Ambulance Service
- South Australia Ambulance Service
- St John Ambulance Service NT
- St John Ambulance Service WA
- Tasmanian Ambulance Service.

UNDERSTANDING YOUR EXTRAS COVER

What is covered?

With extras cover, you can claim benefits for those services listed on your cover and that are not claimable elsewhere (e.g. from a third party like Medicare).

For example, Medicare does not provide benefits for:

- most dental examinations and treatment
- most physiotherapy, occupational therapy, speech therapy, eye therapy, chiropractic services, podiatry or psychology services
- acupuncture (unless part of a doctor's consultation) or other natural therapies
- glasses and contact lenses
- most health aids and appliances
- home nursing. Extras cover allows you to claim benefits for extras services as long as:
- the treatment is given by a private practice provider who is recognised and registered with us for benefit purposes
- they meet the criteria set out in our policies and Overseas Visitors Rules and Fund Rules.

We recommend you contact us before making a booking to confirm how much you can claim and to check that your chosen provider is registered with us.

What is not covered?

Extras benefits will not be payable:

- during a waiting period
- where a third party, including Medicare, a Government body, or an insurance company provided a benefit (except for hearing aids and breast prosthesis items)
- for different services within the same service type from the same provider on the same day. For example, if you went to see an acupuncturist and then received a massage from the same provider on the same day, you cannot claim for both services
- when a prescribed treatment for orthotics or surgical shoes is not custom made
- when a provider is not recognised by us for benefit purposes
- for any treatment or service rendered outside Australia
- when you have reached the maximums on your product including annual, lifetime or service limits for the service you are claiming.

Waiting periods

The following waiting periods apply for extras cover:

- initial waiting period – two months

- hire, repair and maintenance of health aids and appliances; and Living Well Programs – six months
- major dental, orthodontics, selected health aids and appliances – 12 months.

CHANGING YOUR COVER

Switching from another health fund

If you're changing from another Australian health fund or general insurer to Bupa, you'll continue to be covered for all benefit entitlements that you had on your previous cover, as long as these services are offered on your new cover with us. This is referred to as 'continuity of cover'. To receive continuity of cover, and start claiming, you'll need to transfer to us within 60 days of leaving your previous fund and ensure that Bupa have received your clearance certificate (which can be requested from your previous fund).

When changing health funds, extras benefits paid by your previous fund will be counted towards your yearly limits in your first year of membership with us. Any benefits paid by your previous fund also count towards yearly limits.

It's important to note that when you change to Bupa from another fund you may need to wait before you can access your new benefits. In this situation, your benefit entitlements are based on our nearest equivalent cover to what you previously held. Where your new cover is higher than what you had with your old fund, the lower benefit (including different excess levels) will apply for the waiting period relevant for that service. Please refer to the listed waiting periods earlier in this guide.

If you choose a lower level of cover than you held previously, then the lower benefits on your new cover will apply immediately. This may include a different excess level or minimum benefits. You may also need to serve waiting periods for services or treatments that weren't covered on your previous cover. In this case you won't be covered during the waiting period.

Changing from Bupa overseas

If you're joining us from Bupa overseas you will be required to cancel the policy yourself, however all you have to do is provide us with your Bupa overseas membership details and we can ensure continuity of your cover on an equivalent level of cover.

Changing from a recognised overseas health insurer or general insurer

If you had previous cover with a recognised overseas health insurer or general insurer, you will be required to cancel the policy yourself and provide us with a Clearance/Member Certificate, a Certificate of Currency or a document on an official letterhead confirming your membership. We will also provide continuity of cover on an equivalent level of cover. **Please note:** if you are transferring to a non-working visa cover from any recognised overseas health insurer or general insurer, you will need to re-serve all waiting periods.

Changing your cover with us

If you change your health cover, you may need to wait before you can access your new benefits. Where your new level of cover is higher than what you previously held, the lower level of benefit applies. Please refer to the listed waiting periods included earlier in this guide.

During this time you will be covered, however you will receive the lower benefits of the two covers (this includes any applicable excess).

If you choose a lower level of cover than you previously held, then the lower benefits on your new cover will apply immediately and may include different excess levels or minimum benefits. You may also need to serve waiting periods for services or treatments that weren't covered on your previous cover. In this case you won't be covered during the waiting period. If you have any questions about transfers or waiting periods, just contact us.

Becoming a permanent resident

If you become a permanent Australian resident, you can change to one of our domestic health covers. You will continue to be covered for all benefit entitlements on your old cover, as long as you change over within 60 days of ceasing your visitors cover.

Don't forget that you will need to transfer to a domestic health cover policy within 12 months of becoming eligible for full Medicare benefits. You may otherwise be required to pay the Lifetime Health Cover (LHC) Loading. Ask us for more details.

Ending your membership

You can contact us to cancel your health cover and a refund will be provided for any premiums paid in advance from the date you've contacted us. We will not, however, refund the first months premium paid on our range of Overseas Visitors Covers. We have the right to end a person's membership as set out in our Overseas Visitors Rules, including where premiums have not been paid or on notice at the reasonable discretion of Bupa.

DEFINITIONS

Accidents

An accident is an unforeseen event, occurring by chance and caused by an unintentional and external force or object resulting in involuntary hurt or damage to the body, which requires immediate (within 72 hours) medical advice or treatment from a registered practitioner other than the policyholder.

Agents

A third party such as a broker or agent may establish and administer your policy or corporate health plan. In these cases, some information about you such as your name, address and other policy information will be given and received from the agent to help Bupa Australia administer your policy or corporate health plan. This will not include personal claims information (also see Privacy Statement).

Yearly limits and service limits

A yearly limits (also known as annual maximums) is the maximum amount you can claim in a service category per person and per calendar year (unless otherwise stated). For certain services, yearly limits also apply to the number of times that benefits are payable for the same service (e.g. initial consultations). These limits apply from the date of service or purchase. Some services also have lifetime limits or periodic yearly limits (e.g. orthodontics). Per person yearly limits are not transferable to any other member on your policy.

Bupa Medical Gap Scheme

This is a direct billing arrangement between Bupa and your doctor/s that in most instances eliminates your out-of-pocket expenses for in-hospital doctors' fees (the 'gap'). Under this scheme some doctors can charge you a known gap which means you have some out-of-pocket expenses to pay but they are limited to a defined amount.

Doctors need to agree to participate in this scheme for it to apply so make sure you ask them about it before you are treated. Otherwise our medical benefits are limited to the Schedule fee (MBS or AMA depending on your cover) and if your doctor charges above the Schedule fee you will have a gap to pay.

Calendar year

A calendar year is 1 January to 31 December.

Emergency admissions

In an emergency, we may not have time to determine if you are affected by the pre-existing condition rule before your admission. Consequently, if you have been a Bupa member for less than 12 months you might have to pay for some or all of the hospital and medical charges if you are admitted to hospital and you choose to be treated as a private patient, and we later determine that your condition was pre-existing.

Emergency Treatment

'Emergency Treatment' is any treatment required where a person:

- is in a life threatening situation and requires urgent assessment and resuscitation
- has suspected acute organ or system failure
- has an illness or injury where the function of a body part or organ is acutely threatened
- has a drug overdose, toxic substance or toxin effect
- has psychiatric disturbance whereby the health of the person or other people are at immediate risk
- has severe pain and the function of a body part or organ is suspected to be acutely threatened
- has acute haemorrhaging and requires urgent assessment and treatment
- has a condition that requires immediate admission to avoid imminent threat to their life and where a transfer to another facility is impractical.

Excess

On selected covers there may be an excess option which may lower the amount that you pay for your cover. Excesses are only payable on overnight and same-day inpatient hospital admissions in any hospital.

- the total excess amount is paid each time a person on your membership is admitted into hospital, to a maximum of once per person and twice per membership each calendar year unless otherwise specified
- if the total excess amount for an individual is not reached in a single hospital admission, the remaining balance of that excess is payable
- no excess applies to your dependent children on all visitors covers. Please contact us for further details.

Exclusions

If you require treatment for a specific procedure or service that is excluded under your level of cover you will not receive any benefits towards your hospital and medical costs and you may have significant out-of-pocket expenses.

If a service is not covered by Medicare there will be no benefit payable from your visitors cover so you should always check with us to see if you're covered before receiving treatment.

Health aids and appliances

To access benefits for health aids and appliances you'll need to visit one of our recognised providers. You'll also need to meet the eligibility criteria, provide proof of purchase and a clinical referral where required. It is important to note that benefits are not payable when a prescribed treatment for orthotics or surgical shoes is not custom made. Visit our website or contact us to find out more.

Benefits for hire, repair and maintenance of health aids and appliances are not payable in the first 12 months after purchasing an item; within 12 months following a repair; or on items where hire and repair are deemed inappropriate.

Living Well Programs

Our Living Well Programs help cover health-related programs from approved, recognised providers. You can visit our website for a list of our recognised providers. A Living Well Programs approval form must be completed by your doctor for gym memberships, children's swimming programs (eligible products only), yoga and Pilates to confirm that the program is medically necessary. Other benefit and recognition criteria apply. Visit **bupa.com.au/livingwell** or contact us to find out more.

Minimum benefits

A minimum benefit means you will generally receive cover equivalent to shared room minimum benefit payable for an Australian resident. Services paid at minimum benefits will generally not cover all hospital costs and are likely to result in significant out-of-pocket hospital costs in private and public hospitals.

Out-of-pocket expenses

You are likely to experience out-of-pocket expenses when you are not fully covered for services and benefits, or when a set benefit applies. You should refer to what is

and isn't covered for your relevant level of cover to determine when an out-of-pocket expense may occur. You should also refer to our Overseas Visitors Rules for any additional information on benefits payable. It is important to ensure when being admitted to hospital that Informed Financial Consent is provided to you for a pre-booked admission to allow you to understand any out-of-pocket expenses upfront. If you have received any out-of-pocket expenses and require clarification, please contact us directly.

Pharmacy – Visitors cover

On most visitors covers you receive benefits for selected prescription items prescribed as an outpatient that are PBS (Pharmaceutical Benefits Scheme) and non-PBS listed and are TGA (Therapeutic Goods Administration) approved, listed for your condition. Refer to your cover details for more information.

A co-contribution may apply to your level of cover.

Pharmacy – Extras cover

Your extras pharmacy entitlement pays benefits on prescription items that are only non-PBS listed and TGA approved. When you make a claim, we will deduct a pharmacy co-payment and pay the remaining balance up to the set amount under your chosen level of extras cover.

There are some items that are not covered by our pharmacy benefits and these include:

- over the counter and non-prescription items
- compounded items
- weight loss medication (some weight loss medications are covered under the Living Well Programs)
- body enhancing medications (e.g. anabolic steroids).

Pharmacy in-hospital

We pay for all drugs that are PBS listed for your condition, when the drugs are administered in hospital.

If you are treated with a drug that is not PBS listed (which may include some private prescriptions) we will not pay benefits and the hospital may charge you. You should be advised by the hospital of any charges before treatment.

Pharmacy Saver

Add Pharmacy Saver to your chosen visitors cover with extras and enjoy savings on your pharmaceutical and healthcare purchases all year round at National Pharmacies stores. You'll get a 20% discount on a variety of health-related products.^ Pharmacy Saver is not available for prescriptions on which the Government does not allow discounts. Visit a National Pharmacies store for more information (outlets located in VIC, SA and NSW; online discounts available nationally).

Pre-existing conditions

A pre-existing condition is any ailment, illness or injury, for which signs or symptoms (not just the ailment, illness or injury) were in existence during the six months prior to the day of joining or transferring to any level of cover (even if the patient was not aware of the signs or symptoms).

Thus a pre-existing condition is any ailment, illness or condition where signs or symptoms were present during the six months before you joined your cover with us. It is not necessary that you or your doctor knew what your condition was, or that the condition had been diagnosed.

A condition can still be classed as pre-existing even if you hadn't seen your doctor about it before joining. If you knew you weren't well, or had signs of an ailment that a doctor would have detected (if you had seen one) during the six months prior to joining, then the ailment would be classed as pre-existing.

A doctor appointed by Bupa will decide whether your ailment is pre-existing, not you or your own doctor. The appointed doctor must consider your treating doctors' opinions on the signs and symptoms of your ailment, but is not bound to agree with them. Similar rules may also apply to claims relating to ancillary services.

^These are products designed to manage or prevent disease, injuries or a condition, or prescribed in connection with an episode of hospital treatment.

Premium and benefits

You or your employer (in the case of company paid plans) must pay the premium that applies to you. In addition, if you have extras cover as an add-on to visitors cover, please note premiums for extras differ between states due to different state charges. If you move to another state your premium will change too. Therefore you must let us know about any change of address. To access the benefits available on your cover, you need to:

- complete the application process and ensure your premiums are paid one month in advance. (It is up to you to make sure payments are made during times of unpaid leave or if your employment ends)
- ensure that newborns are enrolled onto a family membership within two months of their birth to avoid any waiting periods for your baby
- enrol your adult children under their own policy within 60 days after they no longer qualify under your cover (to avoid a break in their cover)
- provide proof of purchase of what you have spent before we can reimburse you for any services received
- submit your claims within two years of when the service was given (we don't pay benefits for any claims that are older than this).

We will not refund the first months premium paid to Bupa under any circumstance.

Proof of identity and/or age

Bupa may require you to provide proof of identity, visa details and/or age when joining, changing your level of cover or in relation to any other transaction with us.

Surgically implanted prostheses

You will be covered up to the benefit set out in the Government's Prostheses List for a listed prosthesis which is surgically implanted as part of your hospital treatment.

The Prostheses List includes: pacemakers, defibrillators, cardiac stents, joint replacements, intraocular lenses and other devices. If a hospital proposes to charge you a 'gap' for your prosthesis, they need your informed financial consent. Please contact us for further details.

Suspension rules

If you are travelling overseas for work or leisure, you can suspend your membership. You can suspend your cover under the following circumstances:

- for a minimum period of one month
- for a maximum period of nine months
- you can suspend your policy up to three times per calendar year
- one month contributions are required between each suspension period.

To be eligible to suspend your cover you must:

- have been a financial member for at least two months
- have a financial membership at the time of suspension
- apply for suspension prior to the departure date
- notify us of your return to Australia within 14 days of your arrival
- complete an overseas travel suspension form.

Your membership will be cancelled if not resumed.

Travel and accommodation

On select levels of extras cover, if you're travelling for essential medical or hospital treatment because treatment you need cannot be provided by your own doctor, we will help cover the cost when the total return distance is 200 kilometres or more from your normal place of residence.

We also give a benefit towards your overnight accommodation outside of hospital for you and a caregiver. Check your extras cover to determine if you are covered for these benefits.

OTHER IMPORTANT INFORMATION

Direct Debit Service Agreement

If you've chosen to pay your premiums by direct debit then you've accepted the terms of our Direct Debit Service Agreement.

This agreement outlines the responsibilities of Bupa Australia Pty Ltd ("we", "us", "our") and you. We will confirm the direct debit arrangements prior to the first drawing (including the premium amount and frequency) and debit your nominated account. Deductions will occur on the nominated day, except for deductions nominated for the 28th, 29th, 30th or 31st, which will occur on the first day of the following month. If the nominated day falls on a weekend or public holiday, deductions will be made on the closest business day. We will debit all payments in advance and will automatically vary the deduction amount if your premiums or level of cover change. If we vary the deduction amount, we will give you at least 14 days written notice, except when the previous deduction is dishonoured, when we will deduct the previous period's payment together with the current amount due. If you pay premiums at three, six, and 12 month intervals, then should your financial institution dishonour a drawing, we will draw the payment on the nominated day of the following month. If two or more drawings are returned unpaid by your financial institution, we will also stop deducting your premiums from your nominated account and will start sending you renewal notices, pending further instructions from you. We will maintain the privacy and confidentiality of your billing information (unless you have requested or consented that we can disclose it to a third party or the law requires or allows us to do so). We may provide information to our or your financial institution to resolve a dispute on your behalf. You must ensure your nominated account permits direct debiting and that sufficient cleared funds are available in that account on the due date to cover the premiums due. Your financial institution may charge a fee if the payment cannot be met. You must ensure the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based. You must notify us if the nominated account is transferred or closed. You must pay your premium by an alternative method if either you or we cancel the direct debit arrangements. You must ensure your payments are up-to-date, whether a notice is received from us or not.

If paying by credit card, you need to advise us of your new expiry date prior to expiry. You may request that we cancel or alter the debit drawing arrangements by contacting us and providing at least five working days notice of any requested changes. These changes may include deferring the debit, altering the debit dates, stopping an individual debit, suspending the direct debit arrangement or cancelling the direct debit completely. You can dispute any debit drawing or terminate the deductions at any time by notifying us in writing not less than seven days before the next scheduled debit drawing. If you have any queries about your direct debit agreement, please contact us. We undertake to respond to queries concerning disputed transactions within five working days of notification.

Privacy and your personal information

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our *Information Handling Policy*, available on our website at **bupa.com.au** or by calling us on 134 135. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health*

Insurance Act 2007 (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information.

If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services.

We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Can we help?

If you have any questions we're always happy to help. Simply refer to the back cover for our contact details and call us, visit our website or pop by your local centre. If you would like more information about our Overseas Visitors Rules or the Federal Government's Private Health Insurance Industry Code of Conduct, you can find this information on our website. The Federal Government's Private Patient's Hospital Charter is available at **privatehealth.gov.au**

Resolution of problems

If you have any concerns or you don't understand a decision we have made, we'd like to hear from you.

You can contact us by:

Telephone: 1800 802 386

Fax: 1300 662 081

Email: customerrelations@bupa.com.au

Mail: Customer Relations Manager
Bupa Australia
PO Box 14639
Melbourne VIC 8001

If you're still not satisfied with your outcomes from Bupa you may contact the Private Health Insurance Ombudsman on **1800 640 695** or visit them at **privatehealth.gov.au**

Bupa Australia Pty Ltd
ABN 81 000 057 590

Effective 1 April 2014
11216-04-15E

HSBC Overseas Visitors Corporate Health Plan Premiums

The below premiums include the Base Tier 26.791% Australian Government Rebate on private health insurance which applies to individuals aged under 65.

26.791% REBATE HOSPITAL COVER	SINGLE YEARLY	COUPLE YEARLY
Gold Visitors Cover	$2,558.82	$5,117.64
Reciprocal Health Cover	$701.05	-
EXTRAS COVER		
NATIONAL (EXCLUDING WA): Corporate 80 Extras	$924.60	$1,849.25
WA: Corporate 80 Extras	$787.10	$1,574.25

The below premiums do not include an Australian Government Rebate.

0% REBATE HOSPITAL COVER	SINGLE YEARLY	COUPLE YEARLY
Gold Visitors Cover	$2,558.82	$5,117.64
Reciprocal Health Cover	$957.60	-
EXTRAS COVER		
NATIONAL (EXCLUDING WA): Corporate 80 Extras	$1,263.00	$2,526.00
WA: Corporate 80 Extras	$1,075.20	$2,150.40

The rebate percentage changes annually from 1 April, based on the Rebate Adjustment Factor (CPI). For more information go to ato.gov.au. Find out what the Rebate means for you at bupa.com.au/rebate.

The above annual premiums have been calculated with 2015 Rates for Gold Visitors Cover, and 2016 Rates for the remaining products.

FOR MORE INFORMATION

Call us on 134 135

Visit bupa.com.au

Drop by your local Bupa centre

Bupa Australia Pty Ltd
ABN 81 000 057 590
11113-04-14EDITABLE

HSBC Overseas Visitors Corporate Health Plan Premiums

The below premiums include the Base Tier 26.791% Australian Government Rebate on private health insurance which applies to individuals aged under 65.

26.791% REBATE	FAMILY	SINGLE PARENT
HOSPITAL COVER	**YEARLY**	**YEARLY**
Gold Visitors Cover	$5,629.14	$5,117.64
Reciprocal Health Cover	$1,402.10	-
EXTRAS COVER		
NATIONAL (EXCLUDING WA): Corporate 80 Extras	$1,849.25	$1,849.25
WA: Corporate 80 Extras	$1,574.25	$1,574.25

The below premiums do not include an Australian Government Rebate.

0% REBATE	FAMILY	SINGLE PARENT
HOSPITAL COVER	**YEARLY**	**YEARLY**
Gold Visitors Cover	$5,629.14	$5,117.64
Reciprocal Health Cover	$1,915.20	-
EXTRAS COVER		
NATIONAL (EXCLUDING WA): Corporate 80 Extras	$2,526.00	$2,526.00
WA: Corporate 80 Extras	$2,150.40	$2,150.40

The rebate percentage changes annually from 1 April, based on the Rebate Adjustment Factor (CPI). For more information go to ato.gov.au. Find out what the Rebate means for you at bupa.com.au/rebate.

The above annual premiums have been calculated with 2015 Rates for Gold Visitors Cover, and 2016 Rates for the remaining products.

FOR MORE INFORMATION

Call us on 134 135

Visit bupa.com.au

Drop by your local Bupa centre

~~Bupa~~ Australia Pty Ltd
ABN 81 000 057 590
11113-04-14EDITABLE