



**EMERGENCY
SERVICES
HEALTH**

COVER LIKE NO OTHER

Application & Variation Form



Application & Variation form

This Application and Variation form will help make sure we get all the information we need to best take care of your health insurance needs. With this form you can:

- Sign up as a new member
- Modify your listed dependents
- Change your level of cover
- Update your payment details.

If you have any questions, please don't hesitate to contact us.

P. 1300 703 703

E. enquiries@eshealth.com.au

Contact Hours

Monday, Wednesday to Friday
8.30 am - 4.45 pm (SA Time)

Tuesday
9.30 am - 4.45 pm (SA Time)

Emergency Services Health Pty Ltd ABN 98 131 093 877

To complete this form, please:

- Use a blue or black pen
- Write in block capital letters
- Tick (don't cross) inside the boxes.

Alternatively, you can complete a digital version of this form by downloading it at our website eshealth.com.au

Submitting this form

Once you have completed this form, please send it back to us via post or email:

Post Reply Paid 84966, Halifax Street SA 5000
Email joinus@eshealth.com.au

For more information on our cover, please see your State Premiums & Benefits Guide.

REASON FOR APPLICATION/VARIATION

Tick which applies:

New member Complete all sections
 Payment Changes Complete sections 2, 5, 6, 7, 8 & 9

Change of cover Complete sections 2, 4 & 9

Add/delete dependents Complete sections 2, 3, & 9

Date effective from / /

1. ELIGIBILITY TO JOIN EMERGENCY SERVICES HEALTH

As Emergency Services Health Pty Ltd ABN 98 131 093 877 is a not-for-profit, restricted access private health insurer for people who are or were employed (including volunteering) in the provision of emergency services, eligibility is largely restricted to the emergency services community and their family members (as defined on this application). You may either be eligible through your emergency services employment, volunteer involvement or through your relationship to such a person. Once you have established this eligibility, you can choose a single policy for yourself or a family policy to cover yourself and your dependents. You must be able to select at least one of the following criteria to be eligible to be a policy holder with Emergency Services Health:

I am:

The eligible person
 A partner/former partner of the eligible person
 A family member* of the eligible person

If family member, please detail your relationship below:

*** Eligible Family Members:**

- Dependent Child
- Adult Child's Partner/Spouse
- Grandchild
- Sibling's Partner/Spouse
- Parent
- Adult Child
- Adult Child's Dependent Child
- Sibling
- Sibling's Dependent Child

If you are a partner/former partner or family member of the eligible person, please detail the name of the eligible person below:

Name of person I am related to:

Please tick one:

Fire Response & Recovery Sector
 Water Response & Recovery Sector

Ambulance & Medical Response & Recovery Sector
 State Emergency Response & Recovery Sector

Please detail organisation name:

For clarification of the four eligible Response & Recovery sectors eligible to join, please see the last page of this application form.

2. YOUR DETAILS (CONTRIBUTOR)

Title	First and middle names	Existing membership number (if relevant)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname		
<input style="width: 100%;" type="text"/>		
Residential address line 1		
<input style="width: 100%;" type="text"/>		
Residential address line 2		State Postcode
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Postal address line 1 (if different from residential address)		
<input style="width: 100%;" type="text"/>		
Postal address line 2		State Postcode
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

2. YOUR DETAILS (cont.)

Date of birth

 / /

Gender

 Male Female

Communication preference

Our primary communication is through email. If you'd prefer to receive your information by post, please tick this box.

Email

Home phone

Work phone

Mobile

Partner/Spouse authority (if applicable)

If you wish to give your partner (as listed on this form) authority to operate this membership please tick this box.*

*Please acknowledge that your spouse/partner has rights under your membership such as viewing information, making claims and adding dependents. If you tick this box you give them full authority to act as you in making policy changes, however they will not be able 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 Police Health for any acts or omissions by the authorised person. This authority will remain in place until you contact us to revoke it. To authorise someone other than your partner, please contact us.

Previous Health Fund

Previous Membership Number

Please cancel my previous policy from

 / /

All Australian registered health insurers 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. By completing this section you authorise Emergency Services Health to terminate your cover and receive your clearance certificate on your behalf.

I authorise Emergency Services Health to terminate my health cover with my previous insurer (if still current) from the cancellation date and obtain details about my health cover (including my Lifetime Health Cover LHC certified age of entry held with previous fund). I authorise and request my previous insurer to issue a clearance certificate to Emergency Services Health. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Signature

Date

 / /

3. PROVIDE DETAILS OF ALL PEOPLE COVERED BY THE POLICY (DO NOT INCLUDE YOURSELF)

Partner/Spouse Details

Title

First and middle names

Surname

Residential address line 1

Residential address line 2

State

Postcode

Postal address line 1 (if different from residential address)

Postal address line 2

State

Postcode

Partner/Spouse Details (cont.)

Email

Home phone

Work phone

Mobile

Date of birth

Gender

 Male Female

Previous Health Fund

Previous Membership Number

Please cancel my previous policy from

I authorise Emergency Services Health to terminate my health cover with my previous insurer (if still current) from the cancellation date and obtain details about my health cover (including my Lifetime Health Cover LHC certified age of entry held with previous fund). I authorise and request my previous insurer to issue a clearance certificate to Emergency Services Health. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Signature

Date

Communication preference

Our primary communication is through email. If you'd prefer to receive your information by post, please tick this box.

Additional Family Members Details

CHILD DEPENDENT 1

First and middle names

Date of birth

Surname

Gender

 Male Female

Relationship

Previous Health Fund

Previous Membership Number

The dependent listed is between 21-25 years of age, a full-time student and they are not married or in a de facto relationship*

 Yes No

School, college or university being attended on a full-time basis

Date commenced as full-time student

Note: Student declaration is for the current calendar year only. A new application to register student dependents must be lodged by the 1st of March each year, we will forward you a request each year.

*Children who are married or in a de facto relationship will require their own membership.

CHILD DEPENDENT 2

First and middle names

Date of birth

Surname

Gender

 Male Female

Relationship

Previous Health Fund

Previous Membership Number

Additional Family Member Details (cont.)

The dependent listed is between 21-25 years of age, a full-time student and they are not married or in a de facto relationship* Yes No

School, college or university being attended on a full-time basis

Date commenced as full-time student

 / /

Note: Student declaration is for the current calendar year only. A new application to register student dependents must be lodged by the 1st of March each year, we will forward you a request each year.

*Children who are married or in a de facto relationship will require their own membership.

CHILD DEPENDENT 3

First and middle names

Date of birth

 / /

Surname

Gender

 Male Female

Relationship

Previous Health Fund

Previous Membership Number

The dependent listed is between 21-25 years of age, a full-time student and they are not married or in a de facto relationship* Yes No

School, college or university being attended on a full-time basis

Date commenced as full-time student

 / /

Note: Student declaration is for the current calendar year only. A new application to register student dependents must be lodged by the 1st of March each year, we will forward you a request each year.

*Children who are married or in a de facto relationship will require their own membership.

4. HEALTH COVER REQUIRED

Family/Couple Single Single Parent Family Extended Family (Gold Combined Only) Single Parent Extended Family (Gold Combined Only)

Note: Extended Family and Single Parent Extended Family includes non-student children over the age of 21 as long as they are not married/defacto.

Gold Hospital ONLY Rolling Extras ONLY Gold Combined Combined Gold Hospital and Rolling Extras

5. APPLICATION TO RECEIVE THE AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE AS A REDUCED PREMIUM

All people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

If you are unsure whether you are eligible for Medicare, go to <https://www.humanservices.gov.au/customer/services/medicare/medicare-card> for more information.

Are all the people on the policy listed on a Medicare card or entitled to a Medicare card? Yes No

Your name as it appears on your Medicare card

Your Medicare card no.

Reference no.

Medicare card valid to

 / /

For more information about the Australian Government Rebate on Private Health Insurance, go to privatehealth.gov.au

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.

5. APPLICATION TO RECEIVE THE AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE AS A REDUCED PREMIUM (cont.)

Are you covered by the policy? Yes No

(If 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.

Income Tier:

Base Tier (Full Rebate) Tier 1 Tier 2 Tier 3 (No Rebate) Date to commence Rebate / /

Household Income	Base Tier	Tier 1	Tier 2	Tier 3
Singles	\$90 000 or less	\$90 001 to \$105 000	\$105 001 to \$140 000	\$140 001 or more
Family/ Couples*	\$180 000 or less	\$180 001 to \$210 000	\$210 001 to \$280 000	\$280 001 or more

* Income thresholds increase by \$1500 for every child after the first.

Please refer to the State Premiums & Benefits Guide for more information.

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.

Declaration Note

I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence.

Signature Date / /

6. PAYMENT OPTIONS

Direct Debit: Fortnightly Monthly Quarterly

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

Monthly and quarterly deductions must occur between the 1st and the 27th of each month. Refer to the Direct Debit Service Agreement available on our website for more information.

Renewal Notice

Please send my renewal notice: Monthly Quarterly Yearly

7. DIRECT DEBIT REQUEST

Please complete your account details and sign for direct debit deductions.

Financial Institution

Account name

BSB

 -

Account number

I request and authorise Emergency Services Health Pty Ltd Direct Debit User ID: 502538, to arrange, through its own financial institution, a debit to my nominated account any amount Emergency Services Health has deemed payable by myself. This debit or charge will be made through Bulk Electronic Clearing System (BECS) from my account held at the financial institution nominated above and will be subject to the terms and conditions of the Direct Debit Service Agreement available on the Emergency Services Health website.

Signature Date / /

8. ACCOUNT TO PAY CLAIMS INTO

Please complete your account details and sign for direct credit transactions if your account details are different and/or you have left section 7 blank.

Financial Institution

Account name

BSB

 -

Account number

Account Holder Signature

Date / /

I declare that:

- The statements in this application are true and complete and agree to be bound by the Rules of the Fund. I acknowledge that this application form and the Health Fund brochure do not contain all the Rules of Emergency Services Health and I understand the pre-existing condition rule and other waiting periods.
- Emergency Services Health has made me aware of the Privacy Policy and its availability to me, and I have made, or will make, other people on the application aware of the statement's availability.
- I acknowledge, where practicable, information is provided with the consent of the individual to whom it relates and I confirm I have the authority to act on behalf of other persons named in this Application Form.
- I (and on behalf of the other persons stated on the form) consent to the use and disclosure of my (or our) personal information, including health information, in accordance with the Privacy Policy, and note that personal information about a person insured on the health insurance policy may be disclosed to other people insured under the same health insurance policy.
- I (and on behalf of the other persons stated on the form) authorise Emergency Services Health to collect and authorise any third party to supply from time to time full and complete details of all or any information necessary to the assessment of any claim or any operation of the health insurance policy.

Emergency Services Health Pty Ltd and your Privacy Emergency Services Health is committed to protecting all personal information entrusted to us. Emergency Services Health ensures all personal information that we collect is treated and stored confidentially. For further information see our Privacy Policy at eshealth.com.au.

Signature

Date

 / /

Membership Correspondence: Emergency Services Health will communicate with you and other insured persons, if any, about the membership and any transactions undertaken.

News: Emergency Services Health will provide you or other insured persons with newsletters, updates and general product information unless you tell us not to.

Marketing Communications: I/We agree to Emergency Services Health using my/our personal information (including sensitive information) to provide me/us with information on products and services, and relevant promotions and offers (whether provided by Emergency Services Health or other parties).

 Yes No
Privacy Notice

Like all health insurers, Emergency Services Health is required to collect personal information. We respect your privacy, treat this information confidentially and store it securely. We collect and manage personal information in accordance with the Emergency Services Health Privacy Policy and the Australian Privacy Principles. You should read and be familiar with the Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Privacy Notice contains a summary of some important issues, but the Policy has more detail.

Emergency Services Health will collect personal information from you, a responsible person, or a third party, either directly or indirectly, when:

- You apply for membership with Emergency Services Health to purchase a health insurance policy, and if accepted, you're the policy holder (Contributor) of the policy.
- You're a dependent (spouse, partner or child) under a health insurance policy and the policy holder (Contributor) holds or has applied to purchase a health insurance policy which covers you.
- A claim for benefit is made on your health insurance or when dealing with Emergency Services Health through one of its communication channels.

Personal information collected includes names, addresses, age, bank account details, telephone numbers, email addresses and sensitive (health) information. Once we've accepted you, and you're insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It's necessary for us to collect your personal information when you or a responsible person on your behalf interact with us, especially when making a claim for health treatment either by post, facsimile, through electronic channels or through a third party such as a hospital, medical practitioner or other service provider who may claim directly from us on your behalf. Collection and disclosure of your personal information by us is required, and, depending on the information, is also required under the Private Health Insurance Act 2007 and Private Health Insurance (Prudential Supervision) Act 2015. We collect personal information for the purposes described in the Privacy Policy and, in particular to manage the health insurance and health-related services we provide.

If we do not receive the necessary information or the information is not accurate or complete, then we won't be able to provide you with our services, including:

- Processing your application for a health insurance policy and insuring you or other people on the health insurance policy.
- Providing services associated with billing and claiming of benefits.
- Effectively dealing with your enquiries, issues or complaints.
- Providing you with other benefits and services in relation to your health insurance cover.

Personal information may also be used in advising you of direct marketing offers such as products or services provided by or in conjunction with Emergency Services Health, which we consider may be of interest to our members.

We may need to disclose personal information to other people insured under the same health insurance policy, government agencies, other health insurers, organisations or individuals with whom we contract for services, health service providers, financial institutions and your employer. We are not likely to disclose personal information to overseas recipients.

The Privacy Policy contains further information on how you may:

- Have reasonable access to and seek correction of your personal information.
- Complain to us about a breach of the Australian Privacy Principles and how we will deal with such a complaint. Our contact details can be found on our website www.eshealth.com.au.

The policy holder (Contributor) or another insured person must only provide personal information relating to other people on the policy if authorised to do so. It's important that all persons (currently insured, or who become insured, or consider joining Emergency Services Health) are aware of and understand this Notice and our Privacy Policy. It is the responsibility of the policy holder (Contributor) to ensure that every other person covered under the policy is aware of this Notice and the Privacy Policy. Other people on the policy should be made aware that the policy holder (Contributor) receives and can view through our On-line Member Services (OMS) all information relating to their claims for benefits and hence the policy holder (Contributor) has access to their health information, and where the policy holder (Contributor) has supplied an email address, remittance notices will be sent to that email address, unless an individual has requested their claims information be kept private in which case their claims information will not be shown on OMS or electronic remittance notices sent to the nominated email address.

If any insured person aged 18 years or older wishes to ensure that their personal information is not disclosed to other people on the policy, they should purchase their own health insurance policy. A copy of Emergency Services Health's Privacy Policy can be obtained from our website www.eshealth.com.au or by contacting our office.

Clarification of the four eligible Response & Recovery Sectors

Fire Response & Recovery Sector: Currently or previously employed/volunteering (a) for a Not-for-profit, Commercial, or a National, State or Territory Government Fire Department/Service or Association/Union or (b) for a registered training organisation and/or specialist emergency service equipment supplier in the Fire and Response & Recovery Sector.

Ambulance & Medical Response & Recovery Sector: Currently or previously employed/volunteering (a) for a Not-for profit, Commercial, or a National, State or Territory Government Ambulance Department/Service or Association/Union or (b) for a Not-for-profit, Commercial, or a National, State or Territory Government Recognised Hospital Service or Association/Union or (c) in a medical, nursing or allied health capacity and is registered with the Australian Health Practitioners Regulation Agency (AHPRA), or currently or previously employed by such a person or related organisation or (d) for a registered training organisation and/or specialist emergency service equipment supplier in the Ambulance & Medical Response & Recovery Sector.

Water Response & Recovery Sector: Currently or previously employed/volunteering (a) for a Not-for-profit, Commercial, or a National, State or Territory Government Life Saving (or Sea Rescue) Department/Service or Association/Union or (b) for a registered training organisation and/or specialist emergency service equipment supplier in the Water Response & Recovery Sector.

State Emergency Response & Recovery Sector: Currently or previously employed/volunteering (a) for a Not-for profit, Commercial, or a National, State or Territory Government Emergency Services Department/Service or Association/Union or (b) for a registered training organisation and/or specialist emergency service equipment supplier in the State Emergency Response & Recovery Sector.