

Application to Suspend Form

Please complete, sign and return to **Emergency Services Health**
PO Box Reply Paid 6111 Halifax Street Adelaide SA 5000 - enquiries@eshealth.com.au

1 Reason for Suspension

- Suspension due to overseas travel
- Suspension due to financial hardship

Please complete all details that are relevant to your individual circumstance.

2 Application Details

MEMBERSHIP NUMBER

Surname		Given Names	
Postal Address		Postcode	
Telephone:	Home	Work	Mobile
Email		DOB	

3 Complete if Travelling Overseas

Date of Departure: _____ Date of Return: _____

Note: If date of return is unknown, please provide an approximate date so Emergency Services Health can contact you at that time.

Please select which travel documents you have attached with this application form:

- Travel Itinerary Travel Insurance Airline Tickets Other Documents

Is this suspension for all persons under the policy? YES NO

If No, provide names of all persons requesting suspension:

4 Complete if Apply for Financial Hardship - For short term income maintenance only, policy holder must be recipient of a Health Care Card.

I wish to suspend my policy from: _____ to: _____

Note: You must attach a copy of your current Health Care Card with this application form.

Should you cease being eligible for a Health Care Card, you must notify Emergency Services Health within one month and supply proof from Centrelink of when the Health Care Card eligibility ceased.

5 Declaration - Please ensure this section is completed

I have read, understood and agree to the terms of suspension listed below, which must be met in order to suspend my policy. I acknowledge that Emergency Services Health requires proof of travel when considering suspension travel and I understand that my policy must be financial at the date of departure. I acknowledge that Emergency Services Health requires to see a copy of my Health Care Card when considering suspension pertaining to financial hardship. I acknowledge that the terms of suspension detailed below are a summary of the Fund Rules and that I have further rights and responsibilities that apply under the Fund Rules (as amended). Emergency Services Health has made me aware of the Privacy Statement and its availability to me.

I declare that the statements in this application are true and complete and I request that my health insurance premiums be suspended (or varied as required for part-suspension) during the period specified.

Print Name _____

Signed _____ Date _____

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Emergency Services Health 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 Statement available on our website eshealth.com.au

Period of suspension applied for: / / **to:** / /
Please complete for your reference.

Criteria for suspension:

- Application for suspension of policy is to be completed by the policy holder.
- The approval to suspend person(s) covered by a policy is at the discretion of Emergency Services Health.
- The person(s) must have been covered by the policy for a minimum of one month immediately prior to suspension.
- A minimum of four months must have elapsed from the date that the previous suspension (full or partial) ceased.
- Suspension may be for a person(s) or the entire policy (suspension applies at the level of cover held at the date of suspension).
- The policy must be financial at the time of suspension.
- Suspension applications must be completed prior to overseas travel with suspension taking effect from the day after departing Australia; applications lodged in retrospect will not be accepted.

Suspension periods:

- The minimum period of suspension is 14 days for all purposes.
- Other than for financial hardship, the maximum period of suspension is 2 years.
- A policy holder may apply to extend a period of suspension.
- Suspension periods will not count towards waiting periods, benefit replacement periods, increased benefits or for any purpose of calculating the duration of cover with Emergency Services Health.

Eligibility for benefits:

- Benefits will not be paid for any claims for treatment or supply of goods rendered during the suspension period.
- A new child dependent will commence being insured at the time of recommencing the health insurance policy from suspension, with the normal Fund Rules applying.

On the effective date of resumption of your cover:

- Emergency Services Health will resume forwarding renewal notices to direct payers.
- Any payroll deductions or direct debit arrangement for payment of premiums will automatically recommence.

Travel Suspension (additional criteria):

- Proof of travel, to the satisfaction of Emergency Services Health, must be supplied.
- The effective date of resumption of your policy coverage is the day of your return to Australia, and, unless otherwise approved, is your nominated date of return to Australia or 2 years from the date of departure.
- The policy will automatically be resumed from the effective date of resumption, and should no or inadequate contributions be paid, may result in the policy being terminated in accordance with the Fund Rules.
- Should the person(s) return earlier than the date advised on this form, they have one month upon returning to Australia to resume their policy by presenting travel documentation to support their return date (such as itineraries, tickets, etc.). The policy is recommenced from the return date. Failure to recommence the policy within one month will result in the person(s) being treated as new person(s) on a new policy.

Financial hardship (additional criteria):

- Proof of holding a Health Care Card must be supplied.
- Having a Health Care Card does not automatically confer eligibility for suspension.
- All persons on a policy must be suspended (that is, no partial suspensions).
- Once suspended, Emergency Services Health will not resume a policy until the person ceases to hold or be eligible for a Health Care Card, proof of which must be supplied (an appropriate letter from Centrelink is required).
- Should you cease holding or being eligible for a Health Care Card, you must notify Emergency Services Health within one month (you must supply proof as mentioned above) otherwise you and your cover will be treated as being newly insured on a new cover.

Medicare Levy Surcharge (MLS):

Depending on your income you may be subject to the MLS during periods of suspension of the policy or person(s) suspended on the policy. Individuals and families on higher incomes may be liable to pay an additional 1% - 1.5% MLS (this is on top of the existing 1.5% Medicare Levy). You will find these income levels on our website. If subject to the MLS please consider carefully the impact suspending your cover will have on you. We recommend you consult your tax adviser or contact the Australian Taxation Office.

Lifetime Health Cover (LHC):

While a period of suspension does not affect a person with a LHC loading, the suspension period does not count toward the 10 years of continuous cover required before the loading is removed. If you fail to resume your policy at the expiry of the suspension period, the number of days between then and recommencing health insurance may be counted as absent days under the provisions of the LHC legislation.

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7 Privacy Notice

In this Privacy Notice, reference to “we”, “us” or “our” is reference to Police Health Limited (ABN 86 135 221 519), the registered not for profit, restricted access private health insurer, including the brands Police Health and Emergency Services Health. Reference to “you” or “your” is reference to a customer or a person insured under a private health insurance policy.

Like all health insurers, we are required to collect personal information.

We respect your privacy and treat this information confidentially and store it securely.

Personal information is collected and managed by us in accordance with our Privacy Policy (available at www.policehealth.com.au) and the Australian Privacy Principles. You should read and be familiar with the Privacy Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Notice contains a summary of some important issues, but the Privacy Policy has more detail.

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

- You apply for membership with us to purchase a health insurance policy, and if accepted, you are the policy holder (Contributor) of the policy.
- You are a dependent (spouse or child) of a Contributor and the 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 us through one of our communication channels.

Personal information collected includes names, addresses, ages, bank account details, telephone numbers, email addresses and sensitive (health) information.

You should be aware that once you have been accepted by us and you are insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It is 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 is required by us, and is permitted under the Private Health Insurance Act 2007 and the Australian Privacy Principles. 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 will not 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 us, or in conjunction with other organisations, 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 may be found on our forms, brochures and websites.

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 is important that all persons (currently insured, or who become insured, or considering joining us) 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, unless an individual has requested their claims information be kept private in which case claims information will not be shown on OMS.

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 our Privacy Policy can be obtained from our website at www.policehealth.com.au or by contacting our office. The Australian Privacy Principles, and information about privacy, are available from the website of the Office of the Australian Information Commissioner at www.oiac.gov.au.