

1. I wish to

- ☐ Join Medibank
- ☐ Transfer from an existing Medibank membership
- ☐ Add/remove spouse/partner/dependants
- ☐ Change my Medibank cover

Medibank membership number (if you have one)

Cover, or change of cover is required from (DD/MM/YYYY)

(Please note: your cover will commence at the date agreed by your employer).

2. I want cover for

☐ Single

☐ Couple

☐ Family

☐ Single parent family

☐ Single parent family with adult children

I will be subsidised by my company for the following cover

I am an

☐ Australian Resident

Hospital cover

Corporate Gold Health Cover

Extras cover

Better Health 80

Hospital Excess

\$250 Excess

I will be subsidised by my company for the following cover

I am a

☐ Non-Resident

Nationality

Hospital cover

Corporate Overseas Workers Health Cover Advantage

Extras cover

Better Health 80

Basic Reciprocal Exemption Cover*

\$500 Excess

Hospital Excess

\$250 Excess

Please note: excesses are not available for extras covers. * Extras cover must be taken with a hospital cover as listed above.

* If you're from a country with a Reciprocal Health Care Agreement (RHCA) with Australia (United Kingdom, New Zealand, Italy, Belgium, Malta, the Netherlands, Sweden, Finland, Norway and the Republic of Ireland), you may have to pay the Medicare Levy Surcharge (MLS). You may avoid paying MLS by taking out Basic Reciprocal Exemption cover in addition to Corporate Overseas Workers Health Cover. Please contact the ATO at ato.gov.au to find out if this applies to you and if you're liable to pay the MLS.

3. Applicant's details

This person will be known as the Policy holder and will be responsible for the Medibank membership. The Policy holder is the person we communicate with about changes to the cover, membership benefits and premiums, as well as major changes to our Fund Rules.

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Dr

☐ Other

First name

Second initial

Family Name

Date of birth

☐ Male

☐ Female

Address

Suburb/City

State

Postcode

Phone number

Mobile phone number

Email address

By providing your email address, you're agreeing for us to email you important information about your membership and information on other products and services that may be of interest. If you'd rather we not email you, please let us know once your membership has been processed.

Nationality

Working Visa

Passport number

4. All other persons covered

	Person 1	Person 2	Person 3	Person 4
First name and second initial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family name (if different from applicant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full time students over the age of 21 and under 25	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male/Female	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Phone numbers (if different from applicant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email (optional)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(if different from applicant and they would like us to keep them up-to-date with Medibank news and services via email, fill in their email address)

5. Transferring

If transferring from another fund, complete the details below and complete the Transfer Certificate request form, if you want Medibank to arrange to terminate your membership with your existing health fund and request a Transfer Certificate on your behalf.

Fund	<input type="text"/>
Membership number	<input type="text"/>
Date joined	<input type="text"/>
Date paid to	<input type="text"/>
<input type="checkbox"/> I've had continuous private health insurance since my 31st birthday.	

6. Payroll

Employee Identification	<input type="text"/>
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7. Privacy statement

This **Privacy Statement** is to be read in conjunction with the **Information Medibank may give to your employer and your employer's insurance broker** section of the Corporate Cover Terms and Conditions (collectively, the **Corporate Cover Privacy Statement**).

We collect and use your personal and sensitive Information to enable us, other Medibank Group Companies and our third party suppliers and partners to provide you with products and services, including insurance, health related services and partner offerings and to give you information on other products and services.

If we do not collect this information, we may not be able to provide you with these services.

We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third party.

Where you give us personal information about others, you must ensure that you let them know what information you are giving us and that you have their consent to do so. You should also let them know about this Statement.

We may disclose your personal information to persons or organisations in Australia or overseas including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have OSHC or a visitors cover). We may also disclose your information to other persons covered under your policy or your agents and advisers. We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us including in India, the United States and New Zealand.

We or another Medibank Group Company may contact you to market products and services and to keep you informed of special offers from Medibank Group Companies and third parties, including by direct mail, SMS and MMS messages, by phone and email. You can choose how we communicate with you and manage your consents to receiving promotions and offers by calling us on 1300 763 422, visiting one of our stores, or accessing the Manage My Preferences page within the Online Member Services facility.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by contacting us or at medibank.com.au or contact our Privacy Officer at GPO Box 9999 (Your Capital City) or e-mail privacy@medibank.com.au

8. Please read and sign this form

I declare and acknowledge that:

1. I am aware that Medibank Private has a Privacy Policy which is available for me to view and I consent to the use and disclosure of my personal information in accordance with this policy and with the Corporate Cover Privacy Statement.
2. I have authority to provide the personal information of my spouse/partner or dependants referred to on this application and will inform them of the existence of the Medibank Privacy Policy and of the Corporate Cover Privacy Statement.

3. I will make, or authorise the making of, all claims under this policy and will ensure that each claim includes the sensitive information of a spouse/partner or dependant aged 16 years and over only with their consent.
4. I authorise any medical practitioner, hospital, or other health service or health provider to supply from time to time to Medibank full and complete details of all or any information Medibank considers necessary to the assessment of any claim concerning me, my spouse/partner, or my dependants and acknowledge that I have their consent to give this authority on his or her behalf.
5. I authorise my previous health fund (if any) to release to Medibank all personal information concerning me, my spouse/partner, and my dependants required to confirm membership entitlements and declare that I have the consent to authorise the release of personal information relating to my spouse/partner and all dependants aged 16 years or over.
6. I am aware of and understand the relevant conditions (including any restricted or excluded services) and waiting periods (including the waiting periods for obstetrics-related services and pre-existing ailments).
7. I understand that if I am joining from another fund, benefits paid under my previous cover will be taken into account in determining the benefits payable under my Medibank cover.
8. State of residence: I understand that Medibank's Fund rules require me to hold membership only in respect of the State in which I reside. I further understand that I may be required to transfer to, or Medibank may automatically transfer me to, the applicable cover corresponding to the State in which I reside, and I agree to be bound by the terms and conditions of the applicable level of cover.
9. I am responsible for this membership and I will communicate, to all current and future persons covered by it, the information contained in the Membership guide (being a selective summary of the Fund rules), the existence of the Fund rules and the fact that those rules apply to every member of Medibank. A copy of the Fund rules is available for viewing at medibank.com.au or at Medibank stores.
10. I understand that my spouse/partner will automatically be able to manage most aspects of this membership and Medibank may disclose registered membership details to him/her. I will refer to the Membership guide for full details and will advise Medibank if I do not want my spouse/partner to have these rights.
11. not used

I declare that all details provided on this form are true and correct and I agree to be bound by the Fund rules of Medibank, as varied from time to time.

Signature

Date

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All forms should be signed and returned via fax to 03 9431 4469 or emailed to corporate.services@hica.com.au
For enquiries, please call 1300 732 757.

Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.

It's important that you complete this form to receive the Australian Government Rebate to reduce your premium.

- You need to complete this form in black pen using block letters.
- All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate.
- 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 Medibank as soon as possible.

Name of private health fund issuing the policy to which this application relates: **Medibank**

Health Fund Membership Number

Are you insured under this policy? ☐ Yes ☐ No

(If no) applicants not insured under 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.

Date your premium reduction to commence/policy commencement

Nominate a rebate percentage.

The rebate percentage you're entitled to depends on your or your family's income* – refer to the table below for a guide.

If you'd like to nominate a rebate percentage, simply tick the box which applies to you.

	Base Tier	Tier 1	Tier 2	Tier 3
Income thresholds [†]				
Singles Income	Up to \$97,000	\$97,001 - \$113,000	\$113,001 - \$151,000	\$151,001 and above
Couple/Families* Income	Up to \$194,000	\$194,001 - \$226,000	\$226,001 - \$302,000	\$302,001 and above
Rebate entitlement – based on age and income (1 April 2025 - 31 March 2026)				
Less than 65 years	<input type="checkbox"/> 24.288%	<input type="checkbox"/> 16.192%	<input type="checkbox"/> 8.095%	<input type="checkbox"/> 0%
Age 65-69	<input type="checkbox"/> 28.337%	<input type="checkbox"/> 20.240%	<input type="checkbox"/> 12.143%	<input type="checkbox"/> 0%
Age 70+	<input type="checkbox"/> 32.385%	<input type="checkbox"/> 24.288%	<input type="checkbox"/> 16.192%	<input type="checkbox"/> 0%

[†]This is your 'income for Medicare Levy Surcharge (MLS) purposes', which is different to 'taxable income'. The income thresholds are indexed and are subject to change.

*The family income threshold is increased by \$1500 for each dependent child for MLS purposes after the first. Single parents and couples (including de facto couples) are subject to the family income tiers. 'Dependent' has a specific meaning for MLS purposes.

For more information visit <https://www.ato.gov.au/Individuals/Medicare-and-private-health-insurance/Medicare-levy-surcharge> or consult your tax advisor.

[‡]Calculated in accordance with the Private Health Insurance (Incentives) Rules 2012 (No.2).

Your Medicare card details.

Number Valid to Interim or Reciprocal Medicare card ☐ Yes ☐ No

Your full name as it appears on your Medicare card

Your current postal address

Suburb/City State Postcode

Your permanent residential address

Suburb/City State Postcode

Your daytime phone number (should we need to contact you)

Work Home Mobile

Date of birth Gender ☐ Male ☐ Female

Details of all people insured under the policy (do not include yourself).

Dependant - Means a person included on your Medibank insurance policy as a Dependant.

Family name	Given name(s)	Date of birth	Gender	Dependant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

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

Privacy disclaimer: Your personal information is protected by law, including the Privacy Act 1988, and is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which Services Australia will manage your personal information, including their privacy policy at www.servicesaustralia.gov.au/privacy or by requesting a copy from the department.

Declaration.

I declare that the information I have provided is correct. I understand that there are penalties for giving false or misleading information.

Signature

Date

Medicare card entitlement.

You may be entitled to a Medicare card if you are:

- a person who lives in Australia, **and**
- an Australian citizen, **or**
- a holder of a permanent resident visa, **or**
- a New Zealand citizen, **or**
- an applicant for a permanent resident visa.

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

Questions about Medicare eligibility can be made at any Services Australia Service Centre or by calling 132 011 or go to www.servicesaustralia.gov.au/medicarecard

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

You can return this form via email to Ask_Us@medibank.com.au, fax to (07) 3026 0557 or post it to Medibank Private Limited, Reply Paid 9999, Melbourne, Vic 3001. If you'd like to complete this form online, log in to My Medibank at medibank.com.au/members

The information provided on this form will be used for the purpose of registering you for the Australian Government Rebate. Its collection is authorised by law and information collected may be disclosed to the Department of Health and Aged Care, Services Australia and the Australian Taxation Office.

Effective 1 April 2025.

Bank, Building Society or Credit Union Direct Debit Request – Subsidised Corporate Health Insurance

1. Membership details

Title First name

Family name

Address

Suburb/City State Postcode

Medibank membership number (if you have one):

Employer name

I/We request that premiums due to Medibank (User i.d. 475506) covered by this document be drawn under the Bulk Electronic Clearing System (BECS), and which are subject to the terms and conditions of the Direct debit client service agreement, from my/our account conducted with (name of financial institution):

2. Financial institution

☐ Bank ☐ Credit Union ☐ Building Society

3. Type of account

☐ Statement savings ☐ Cheque ☐ Other (please state)

Please pay the premiums on a monthly basis. Medibank will debit your account on the 25th of each month, please note where a public holiday falls on the 25th, Medibank will attempt to debit you on the next business day.

3. Account details

Account name

BSB number

Account number

Are you authorized to request debits from this account?

☐ Yes ☐ No

If yes, we'll register this account so any payable extras benefits can be deposited into this account.

☐ I do not wish to register these account details

I/We acknowledge that the direct debit arrangement is governed by the terms and conditions of the Direct debit client service agreement (see opposite) and authorise Medibank to alter the amount to be debited in the event of changes to the level of cover, premiums, arrears payments or the portion of my/our premiums contributed to by my/our employer. I/We authorise Medibank to alter the amount from the appropriate date in accordance with such changes.

Signature	Signature
Date	Date
Office Use Only R1 Org Code	

Medibank Private Limited ABN 47 080 890 259
1300 763 422
medibank.com.au
MPL39930716

Direct debit client service agreement for the payment
of Medibank Private health insurance premiums

OUR COMMITMENT TO YOU

Drawing arrangements

We will advise you, in writing, of the drawing details for the payment of your premiums. These details will include the amount, frequency and commencement date of the deductions and, where possible, will be issued ten (10) business days prior to the first deduction.

Where the due date for a debit falls on a non-business day, we will draw the amount on the following business day.

We reserve the right to cancel the direct debit arrangement for your premiums if three (3) debits are returned unpaid by your financial institution. We will advise you in writing if this occurs.

In the event a debit is returned unpaid, we may attempt to redraw on your nominated account (3) three or more days after the rejection. After this time, if the debit remains unpaid we may attempt the following month to collect all premiums outstanding.

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

By entering into this agreement, you authorise Medibank Private and/or its authorised representatives, agents or business partners to alter the amount to be debited in the event of changes to the level of cover, premiums, arrears payments or the portion of my/our premiums contributed to by my/our employer. You authorise Medibank Private to alter the amount from the appropriate date in accordance with such changes.

Your privacy

We will keep all information pertaining to your nominated account at the financial institution private and confidential and we will not use it for any purpose not connected with this agreement, without your consent. We will only use other personal information you provide in accordance with Medibank Private's Privacy Policy available at medibank.com.au

Your rights

You may do the following by contacting us at least ten (10) business days in advance:

- change your nominated account;
- terminate this direct debit arrangement; or
- stop the debiting of an individual premium debit.

Where you consider the debit is incorrect you should raise the matter with Medibank Private.

Your responsibilities

It is your responsibility to:

- ensure sufficient funds are available in the nominated account to meet the debit on the 25th of each month;
- advise us if the account you have nominated to debit the premiums from is transferred or closed;
- ensure that suitable arrangements are made if the direct debit is cancelled by yourself;
- ensure that the nominated account can accept direct debits. If you are unsure, please check with your financial institution.

Enquiries and disputes

Please contact the Platinum team on 1300 763 422 with any enquiries. If you disagree with a debit, please contact us and we will respond within five (5) days. If we cannot substantiate the debit, you will be refunded. You may also direct your dispute enquiries to your financial institution.