

Application form

Step 1 – Application

- Join Allianz Global Assistance OVHC
- Transfer from another fund
- If transferring from another fund please attach your clearance certificate if you have it. If not complete Step 7

Start date

- From the date my application is received
- Or from the date below
- Date of arrival in Australia
- Passport number
- Nationality

Step 2 – Your details

TITLE FIRST NAME LAST NAME D.O.B. Gender (M, F)

STREET ADDRESS SUBURB/CITY POSTCODE

POSTAL ADDRESS SUBURB/CITY POSTCODE

HOME PHONE MOBILE PHONE

EMAIL ADDRESS

Allianz Global Assistance is committed to reducing paper waste. Please tick here if you would prefer to receive your membership correspondence via email (where applicable).

VISA TYPE: 457 485 401 402 403 416 417 420 457 485 580 600

COMMENCEMENT DATE OF VISA EXPIRY DATE OF VISA

DO YOU HAVE AN EXISTING OSHC/OVHC POLICY? IF YES, GIVE YOUR PREVIOUS POLICY NUMBER

IS THIS A TRANSFER FROM ANOTHER OSHC/OVHC FUND? IF YES, WHAT IS THE EXPIRY DATE OF PREVIOUS COVER?

PLEASE LIST ANY PRE-EXISTING CONDITIONS

Step 3 – Other people on your membership

Spouse and children under 18.

Family Names (Surnames)	First Names (Given Names)	Other name/s	Birth date	Relationship	Sex	Passport number	Nationality
					M F		
					M F		
					M F		
					M F		
					M F		
					M F		

Step 4 – Choose your level of cover

Type of policy: Budget Visitors Visitors Plus **OVHC:** Single plan Dual family plan Multi family plan

Step 5 – Choose how you'd like to pay

- Direct Debit** (complete form below) **Cheque** (payment enclosed) **Money order** (please attach your money order)

Cheque must be drawn on an Australian bank in Australian dollars. Please make money orders and cheques payable to 'Allianz Global Assistance'.

I/We request Allianz Global Assistance Australia Pty Limited (AGA) authorised agent, Lysaght Peoplecare Limited (User ID 023022) to arrange for funds to be debited from my/our nominated account/credit card at the financial institution shown below, according to the instructions specified below.

EITHER YOUR ACCOUNT

NAME OF FINANCIAL INSTITUTION

NAMES(S) OF ACCOUNT HOLDER(S)

BSB NUMBER ACCOUNT NUMBER

Please debit my Allianz Global Assistance contributions from the above account

Fortnightly Monthly 6 Monthly Quarterly Annually

Which day (Mon - Fri) or Which day (1st - 28th)

OR CREDIT CARD

Due to credit card security arrangements, we can't record your credit card details on this application. If you'd like to pay by credit card, please tick one of these options.

Please call me to set up my credit card payments

I'll set up my credit card payments online

Once you've got your membership details, just register for our Online Member Services and fill in your credit card details on our secure website.

I understand that I/we will be notified in writing of the initial amount to be deducted and that subsequent monthly deductions will be in accordance with the level of cover I hold. When this deduction amount changes from time to time, I will be given notification in writing of the new deduction amount. I have read and understand the Direct Debit Service Agreement overleaf.

SIGNATURE(S):

IF DEBITING FROM A JOINT ACCOUNT, BOTH SIGNATURES ARE REQUIRED

Step 6 – Choose our Easy Claim – Fast Benefits Service

Easy Claim - Fast Benefit Service

Please pay my claim directly into my account

Tick here if you would like your claims paid into the account details in Step 5 (except credit card)

NAME OF FINANCIAL INSTITUTION

NAME OF ACCOUNT

BSB NUMBER:

ACCOUNT NUMBER:

Step 7 – Transferring from another fund

If you are transferring from another Australian registered health fund, Allianz Global Assistance will recognise any waiting periods already served. Please note: You must personally advise your existing fund, bank or pay office to cancel any direct debit or payroll deductions.

TITLE	FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	SUBURB/CITY	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	NAME OF EXISTING FUND	POLICY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
		DATE CANCELTION TO BE EFFECTIVE
		<input type="text"/>

I hereby authorise Allianz Global Assistance to terminate my membership with your organisation from this date and obtain appropriate details about my membership. Please forward a clearance certificate to Allianz Global Assistance and refund any excess premiums.

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

Step 8 – Declaration

I declare the information provided in this form is correct and complete. I agree I have read and agree to the terms and conditions of Allianz Global Assistance Overseas Visitors Health Cover. I am aware that the OVHC policy wording contains restrictions and limitations including Waiting Periods and for Pre-existing Ailments. If joining Budget Visitors Cover, I'm aware of the Restrictions for this cover. I have also read and agree to the Privacy Policy of Allianz Global Assistance available on the web at <http://www.allianz-assistance.com.au/corporate/privacy-and-security.aspx> including that AGA can use and disclose my personal information (including health information) for the purposes and in the manner set out in the privacy policy including for claims and review purposes. I understand Allianz Global Assistance can refuse to pay claims if any of the details are false in any way.

<input type="text"/>	<input type="text"/>
SIGNATURE	DATE

Protection of your personal information

The information that you provide is collected for the purpose of issuing you with OVHC and determining any claims you may make on this policy. The information may be disclosed to health fund providers, underwriters, marketing and service provider intermediaries, government departments, medical practitioners, claims assessors, investigators, medical assistance providers, associated companies, hospitals and other international assistance providers in the course of providing these services and managing your policy, including to the Department of Immigration and Citizenship in the event that you receive a premium refund for whatever reason or cancel your OVHC policy. By applying for this insurance you also agree, in respect of any claim, to allow us to provide details of your cover to other parties as required and to obtain details from any healthcare provider who provides you with treatment, in order to process your claim.

Allianz Global Assistance advises that the information will only be used for those purposes. If you would like to gain access to any of the information you have provided, please contact Allianz Global Assistance.

Customer Direct Debit Request Service Agreement

Our Commitment to You

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between AGA Assistance Australia Pty Limited (AGA) authorised agent, Lysaght Peoplecare Limited (User ID 023022) (Peoplecare), who will be processing AGA's Overseas Visitors Health Cover Direct Debit requests. It sets out your rights, Peoplecare's commitment to you and your responsibilities to Peoplecare together with where you should go for assistance.

Initial Terms of the Arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount of health insurance premiums.

Drawing Arrangements

- Your initial deduction date will be advised in writing by the fund. Regular debits will take place on your nominated day.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice in writing when changes to the initial terms of the arrangements are made. This notice will state the new amount, frequency, next drawing date and any other changes to the initial terms.
- If you require changes to the direct debit arrangements, you must provide us with 3 working days notice of such change before it will be effective.
- If you wish to discuss any changes to the initial terms, you should contact us immediately via our details as below.

Your Rights

Changes to the Arrangements

- If you want to make changes to the drawing arrangements, contact us at least 3 working days prior to the next scheduled drawing day via our details below.
- Changes may include deferring the drawing, stopping an individual debit, suspending the DDR or cancelling the DDR completely.

Please be aware that these changes will affect your financial status and hence health cover entitlements until the amounts have been paid.

Enquiries

Direct all enquiries to us, rather than to your financial institution, and these should be made at least 3 working days prior to the next scheduled drawing day. All communication addressed to us should include your contributor number and current postal address.

All personal contributor information held by us and our authorised agent Lysaght Peoplecare Limited will be kept confidential except that information provided to a financial institution to initiate the drawing to your nominated account.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting us via our details as below. If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:

- within 7 business days (for lodged claims within 12 months of the disputed drawing);
- within 30 business days (for claims lodged more than 12 months after the disputed drawing);

You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

Your Commitment to Us

It is your responsibility to ensure that:

- your nominated account can accept direct debit (your financial institution can confirm this);
- on the drawing date there is sufficient cleared funds in the nominated account;
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonored by your financial institution, we will write to you to advise of an alternative deduction date. You also have the option of making a manual payment or have us deduct the returned amount on an alternative deduction date. If debits are returned on three consecutive occasions your policy will be closed. You may be asked to pay any transaction fees payable by us in respect of the above returned or dishonored payment.

Send your completed application form to:

Post: Locked Bag 3004, Toowong QLD 4066

Email: ovhc@allianz-assistance.com.au

Fax: 07 3305 7316

Ph: 1300 727 193

Web: ovhcallianzassistance.com.au