

Refund form

Please complete form in CAPITAL letters, attach your membership card and evidence required.

Personal and policy details	
OVHC policy number:	Type of policy: Budget Visitors <input type="checkbox"/> Visitors Plus <input type="checkbox"/>
Policy expiry date: ___/___/_____	Date of birth: ___/___/_____
Given name:	Family name (surname):
Telephone (Home):	Mobile:
Email address:	
Has your sponsor paid for your health cover? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, you are not entitled to receive a refund via Allianz Global Assistance. Please refer to your sponsor.	

Refund reasons and evidence required	
Reason for refund (please tick)	Evidence required
<input type="checkbox"/> You had paid your premium and did not come to Australia	<ul style="list-style-type: none"> Letter from Department of Immigration and Border Protection indicating decline of eligible visa.
<input type="checkbox"/> You paid your OVHC premiums on the basis of an extended stay but the extension of authorised stay was not granted by the Department of Immigration and Border Protection	<ul style="list-style-type: none"> Letter from Department of Immigration and Border Protection indicating that extension of authorised stay not granted; and Copy of eligible visa.
<input type="checkbox"/> You have been granted permanent residence in Australia	<ul style="list-style-type: none"> Copy of permanent residency visa label from your passport or immigration letter indicating the date when PR will commence.
<input type="checkbox"/> You can provide proof of health cover with another organisation	<ul style="list-style-type: none"> Certificate of Insurance from another Fund (showing commencement and expiry dates, listed beneficiaries and type of policy).
<input type="checkbox"/> You have simultaneous visitors health cover policies with Allianz Global Assistance	<ul style="list-style-type: none"> Provide all of your current policy numbers; and Copy of entry stamp into Australia; and Copy of eligible visa.

Your policy will be cancelled from one of the following dates (please state one):		
You will be departing Australia: ___/___/_____	You were granted your new visa ___/___/_____	You commenced cover with another Fund: ___/___/_____

Don't forget to attach your membership card/s (Please note: You must return all membership cards to complete your refund)
If you cannot return your membership card, please indicate the reason and sign below:
<input type="checkbox"/> My membership card has been lost <input type="checkbox"/> My membership card has never been received <input type="checkbox"/> Other – please state:

Please sign	
Signature (Policy holder only):	Date: ___/___/_____

*Please note: Allianz Global Assistance may be required to notify the Department of Immigration and Border Protection of policies which are cancelled and refunded.

Payment options

Please select an option below for receiving your refund payment.

Deposit into local bank account , or **Deposit into someone else's account**

Account holder name:

Account holder signature:

BSB (6 digits):

Account number :

Telegraphic transfer to overseas account

Please note: In the case of incorrect/incomplete information being provided, bank charges will be deducted from your refund amount.

Account holder name:

Account holders address (Include City/State/Prov/Zip Code):

Account holders phone number (overseas):

Bank /fund name:

BSB/Swift/BIC code:

Account number:

IBAN or IFSC (where applicable):

Routing number (where applicable):

Bank address (full street address):

Currency which your account is held in:

General Processing of Refunds

- We will endeavour to process all refunds within 10 working days of receiving a completed refund form (including all necessary supporting evidence).
- We may contact you to clarify any details or request further information in order to process your refund.
- Refunds are calculated on a monthly pro-rata basis, with a minimum refund of one month.
- A minimum cover period of 3 months is payable if cover is cancelled after arriving into Australia.
- There is no minimum cover period payable if cover is cancelled prior to arrival in Australia.
- For transfer to someone else's account, please provide a signed and dated letter of authority

Please return completed form to:

Allianz Global Assistance
Locked Bag 3004
Toowong QLD 4066

Phone: 1300 727 193
Fax: +61 7 3305 7316
Email: OVHC@allianz-assistance.com.au

The information that you provide is collected for the purposes of administering your Allianz Global Assistance Overseas Visitors Health Cover policy and otherwise managing the policy. The information may be disclosed to the underwriter, government departments responsible for Overseas Visitors' Health Cover, medical practitioners, hospitals and other medical and assistance providers as required to including to notify the Department of Immigration and Border Protection of the granting of the credit. If you would like to gain access to your personal information, please contact Allianz Global Assistance.

Allianz Global Assistance Overseas Visitors Health Cover is managed by AGA Assistance Australia Pty Ltd ABN 52 097 227 177. Lysaght Peoplecare Limited ABN 95 087 648 753, a private health insurer under the Private Health Insurance Act 2007 (Cth) is the underwriter of Allianz Global Assistance Overseas Visitors Health Cover policies.