



## Notification of your allotment/payroll deduction ceasing

If you would like to change your premium payment option or have discharged from the military please read on.

To continue your cover please complete and return to us within 7 days both the enclosed continuation application and the payment details forms. Once we have processed your requested change, we will forward a certificate of cover with your membership.

### **New premium payment arrangement**

For your family to remain covered under Defence Health your premium payments must remain continuous. Therefore it is required that your next payment is made from the date your allotment/payroll deductions cease. Your premiums can be made by Bank Account or Credit Card. Direct Debit is on the 15th of each month, quarter, half-year or year. To take advantage of this service, please complete the attached payment details form.

### **Important information for discharging Defence personnel**

As you have held Defence Health membership prior to separating from the services, you are eligible to continue your membership for your family and include cover for yourself with the following benefits.

- **Waiting periods:** Defence Health will completely waive all waiting periods for yourself if you join from the day following your discharge. Whilst it is preferred your application be received 7 days prior to your cessation, you have up to 2 months from your date of discharge to apply (backdated to your date of discharge) before having to serve waiting periods.





# Continuation application



## A Personal details of the applicant

Member number (if known)

Title/Rank	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile	Home phone	Business phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Date of birth	Gender
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

PMKeyS/Employee number	Date of discharge
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## B Dependant details (please print)

Given names	Surname	Gender M/F	Date of birth	Relationship	Full-time student <sup>1</sup>		Name of educational institution
					Yes	No	

<sup>1</sup> You are required to advise Defence Health of the full-time student status of single dependants aged 21 to 25 in writing each study year.

## C My choice of cover (please tick)

<input type="checkbox"/> 1 adult with child/children (single parent family premium)	<input type="checkbox"/> 1 adult (single premium)
<input type="checkbox"/> 2 adults with child/children (family premium)	<input type="checkbox"/> 2 adults (couple premium)      Change to commence from <input type="text"/> / <input type="text"/> / <input type="text"/>
I would like to continue with my current level of cover <input type="checkbox"/> Yes	<input type="checkbox"/> No if no, please select your new cover below

### HOSPITAL COVER OPTIONS

Nil excess	<input type="checkbox"/>	Top Hospital
Single excess	<input type="checkbox"/>	Top Hospital 250
	<input type="checkbox"/>	Top Hospital 400
Couples/family excess	<input type="checkbox"/>	Top Hospital 300
	<input type="checkbox"/>	Top Hospital 500
	<input type="checkbox"/>	Top Hospital 800
Other nil excess options	<input type="checkbox"/>	Public Hospital (not available in NT)

### EXTRAS COVER OPTIONS

<input type="checkbox"/>	Top Extras
<input type="checkbox"/>	Standard Extras

### COMBINED COVER

For combined hospital and extras cover please select one hospital and one extras product

Changes in cover will usually result in a change of premium. Defence Health will advise you of these changes.

## D Marketing communications

Defence Health would like to keep you informed about products that we think you may be interested in. If you do not wish to receive these details please tick

## E Authorisation

I declare and acknowledge that:

1. I am aware that Defence Health has a Privacy Policy.
2. Benefits may only be provided for persons who hold Australian residency status (exchange service personnel with Medicare entitlements excepted).
3. All details provided on this form are true and correct and I agree to be bound by the fund rules of Defence Health.

Signature

Date

 /  / 



This form is used to nominate the means of payment of your premiums. New members should complete section A, B and one of either options A or B in section C. Members wishing to change their method of payment should complete one of either options A or B in section C.

## A Personal details of the applicant

Member number (if known)

Title/Rank  First name  Surname

Address

Suburb  State  Postcode

Mobile  Home phone  Business phone  Fax

Email  Date of birth  /  /  Gender  Male  Female

## B First payment details

To help us get your cover in place quickly, please allow Defence Health to deduct one month's payment by credit card or attach a cheque with your application.

Card type:  MasterCard  Visa  Cheque

Card number

Expiry date  /  Name on card

I authorise Defence Health to deduct one month's payment by credit card.

Cardholder's signature

X  /  /

## C Ongoing premium payment arrangements

I would like to pay my ongoing premiums by (please tick):

Option A – Direct Debit Request from my nominated account  Option C – Military allotment (Payment code: DEFPAC 014)

Option B – Direct Debit Request from my credit card  Option D – Civilian payroll deduction (Payment code: Department of Finance HA0010)

### Option A – Direct Debit Request from nominated account

I/We request Defence Health (ID 3478) to debit funds from my/our nominated account according to the details specified below through the Bulk Electronic Clearing System.

Name and branch of financial institution

Account name (eg. MA & P Smith)

BSB number  Account number

Please elect your preferred deduction day and frequency below.

I would like the deductions to occur on the  day of each:

month  quarter  half year  year

or

fortnightly Commencing on  /  /

I have read and understood the Direct Debit Request (DDR) Service Agreement. I understand that the first deduction after the enrolment or change date may include the payment frequency nominated plus an adjustment amount. I also understand that if any deduction falls on a non-business day, it will be debited from my account on the next business day following the scheduled date. I authorise Defence Health to alter the amount of the deduction, should the rate for any product to which I contribute be changed. I understand that it is a condition of my Defence Health cover that premiums are to be paid in advance at all times. Any changes to contribution amount or frequency must be requested at least 14 days prior to the next deduction.

Account holder(s) signature(s) — if joint account, all signatures required

X

X  /  /

### Option B – Direct Debit Request from credit card

I authorise Defence Health to charge my:  MasterCard  Visa

Card number

Expiry date  /  Name on card

I would like the deductions to occur on the 15<sup>th</sup> day of each:

month  quarter  half year  year

I understand that the first deduction after the enrolment or change date may include the payment frequency nominated plus an adjustment amount. I also understand that if any deduction falls on a non-business day, it will be debited from my account on the next business day following the scheduled date. I authorise Defence Health to alter the amount of the deduction, should the rate for any product to which I contribute be changed. I understand that it is a condition of my Defence Health cover that premiums are to be paid in advance at all times. Any changes to contribution amount or frequency must be requested at least 14 days prior to the next deduction.

Cardholder's signature

X  /  /

If you selected Option C or D you will need to notify your pay representative and authorise the forwarding of your premiums to Defence Health. If you have selected Option A or B above please complete the appropriate details below.





## D Direct Debit Request (DDR) Service Agreement

This document is relevant if you have elected to pay premiums by direct debit. It sets out your rights and responsibilities, together with where you should go for assistance in respect of your direct debit arrangement with Defence Health Limited.

### Initial term of the agreement

In terms of the DDR arrangement made between us and signed by you, we undertake to periodically debit your nominated account in accordance with your signed authority to direct debit.

### Drawing arrangements

If any drawing falls due on a non-business day, it will be debited from your account on the next business day following the scheduled drawing date. We will give you at least 14 days notice when we intend to make changes to the initial terms of the arrangement.

## Your rights

### Changes to the arrangement

If you want to make changes to the drawing arrangement, please notify us in writing at least 15 business days prior to your next scheduled drawing date. These changes may include:

- deferring the drawing
- altering the schedule
- stopping an individual debit
- suspending the DDR
- cancelling the DDR completely.

### Enquiries

If you have any enquiries they should be directed to Defence Health Limited, alternatively you can contact your financial institution. All personal customer information held by us will remain confidential except for information that may be provided to our financial institution to initiate the drawing to your nominated account, or information may be disclosed to a third party as required by law.

### Disputes

If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with Defence Health Limited. Alternatively you can contact your financial institution.

## Your responsibilities

It is your responsibility to ensure that:

- you check with your financial institution that your nominated account details are correct and can accept direct debits (direct debits through BECS, the bulk electronic clearing system, are not available on all accounts)
- on the drawing date there are sufficient cleared funds in the nominated account
- you advise Defence Health if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, Defence Health will deduct an amount equal to your standard contribution plus the arrears amount on the 15th of the following month. We will notify you in writing if your drawing is returned or dishonoured. Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

