

# medibank

overseas student health cover

## OSHC and Extras Cover Application Form

### Instructions

You can join online now. Go to [medibank.com.au/oshc](http://medibank.com.au/oshc)  
OR

Please complete this form and return it to  
Medibank Private in one of the following ways:

#### In person

Visit our website at [medibank.com.au](http://medibank.com.au) for your closest  
Medibank store

#### By mail

Medibank Private  
GPO Box 9999  
in your capital city or  
Brisbane QLD 4000 Australia,  
(if you are posting from outside Australia)

**For further information you can also contact us:**

#### By phone

132 331  
(+61) 8622 5780 if calling from outside Australia

#### By email

[ask\\_us@medibank.com.au](mailto:ask_us@medibank.com.au)

### 1. I wish to (please tick)

- Join Medibank Private  Change my cover  
 Transfer from an existing membership  
 Add/delete dependants

Medibank Private membership no. (if you have one)

### 2. Applicant's details (please print)

Title  First Name

Family Name

Gender  Male  Female

Passport Number

Country of Passport Issue

Student Visa Expiry Date (dd/mm/yy)  /  /

Your date of birth (dd/mm/yy)  /  /

Your email address

Contact phone number in Australia

Home (  )  Mobile

Address in Australia

State  Postcode

Your Membership Guide and Card will be posted to your address  
in Australia. If unknown, Medibank Private will send your  
Membership Guide and Card to your educational institution.

#### Australian Educational Institution where you are studying

Name of Educational Institution

Postal address

State  Postcode

Commencement date (When do you want  
your membership to commence?) (dd/mm/yy)  /  /

If you join from overseas, your commencement date should be the  
date you expect to arrive in Australia. Please note if you do not pay  
your OSHC premium before you arrive, your cover will only commence  
from the date the premium is paid. If you join in Australia, your  
commencement date will be the date your premium is paid or the  
date of transfer from your current health insurance fund.



**3. All other persons to be covered** including your spouse/partner and dependants under 18 years of age. (please print)

First name	Family name	Relationship to applicant	Date of birth (dd/mm/yy)	Gender M/F	Passport No.	Country of Issue	OSHC (tick)	Extras Cover (tick)
		spouse/partner						
		dependant						
		dependant						
		dependant						
		dependant						
		dependant						
		dependant						
		dependant						

**4. The cover I want is**

(Note: If changing cover please tick all covers you now require)

**Overseas Student Health Cover**

Single       Family      \$

**Extras Cover** (please ensure you have read our product brochure)

Single       Family (including couples and single parent families)

Basic Extras 70 \$       Top Extras 70 \$

Top Extras 55 \$       Top Extras 85 \$

**TOTAL**      \$

**5. Payment** Direct to Medibank Private (please tick)

Cheque       Credit Card

(please enter your credit card details below)

I authorise Medibank Private to charge my credit card for the total amount of **A\$**

Mastercard       Visa (please tick)

Cardholder's name

Credit Card No.

Expiry date (mm/yy)      /

Cardholder's Signature

**6. An answer to the following question is optional and confidential, and will help us to provide you with a better service.**

**What language(s) do you speak?**

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## 7. Privacy statement

Medibank Private Limited collects and uses your personal (including sensitive) information (*Information*) to provide you with products and services, including insurance and health related services and to continue to develop these services. These products and services may be offered or provided by us, one of our subsidiaries or a third party. We may not be able to perform these functions if you do not provide us with your *Information*. We may collect your *Information* from you, another person on your membership, a person authorised to provide us this information on your behalf, a Medibank subsidiary or a third party.

We may disclose your *Information* to third parties (including overseas) such as the parties named above, our service providers, 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). These third parties may also collect your *Information* directly from you. You are permitted by law to access and correct *Information* we hold about you.

From time to time, we may also use your *Information* to contact you (including by phone, text message or email) about other products or services we think may be of interest to you. We may also collect and disclose your *Information* from or to our subsidiaries, and they may also share your *Information* with each other, to have an integrated view of our members and provide you with a personalised service (including health service). Our subsidiaries may use your *Information* to contact you (including by phone, text message or email) about their services. Please contact our Privacy Officer (whose details appear below) if you would like to withdraw your consent to these specific additional uses, collections and disclosures.

As a Medibank member, you consent to the collection, use and disclosure of your *Information* in accordance with our Privacy Policy. As the person responsible for the management of your membership you must ensure any spouse/partner and dependant children are aware of and consent to how their *Information* is handled. For more information about how we handle your *Information*, you can obtain the latest copy of our Privacy Policy (effective 26 September 2011) at [medibank.com.au](http://medibank.com.au) or by visiting a Medibank store or contact our Privacy Officer at 16/700 Collins Street, Docklands, Victoria 3008 or [privacy@medibank.com.au](mailto:privacy@medibank.com.au).

## 8. Please read and sign this form

"I declare and acknowledge that:

- a. 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.
- b. Except where precluded by law, I may withdraw consent to the use of my personal information and the personal information of any dependant aged below 16 years (and any dependant aged 16 years and over may withdraw his or her consent).
- c. 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 Private Privacy Policy.
- d. 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.
- e. I authorise any medical practitioner, hospital, or other health service or health provider to supply from time to time to Medibank Private full and complete details of all or any information Medibank Private considers necessary to the assessment of any claim I make concerning me, my spouse/partner, or my dependants and acknowledge that I have their consent to give this authority on his or her behalf.
- f. I authorise my previous health fund (if any) to release to Medibank Private 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.
- g. I am responsible for this membership and I will communicate, to all current and future persons covered by it, the information contained in the OSHC Membership Guide, and if applicable the relevant extras cover Membership Guide, the existence of the Fund Rules and the fact that those rules apply to every member of Medibank Private's extras cover. A copy of the Fund Rules is available for viewing at [medibank.com.au](http://medibank.com.au) or at Medibank stores.

# Clearance Certificate Request

## Overseas Student Health Cover

- h. I am aware of and understand that benefit exclusions apply, as explained in the Medibank Private Overseas Student Health Cover brochure and Membership Guide.
- i. I confirm that all my dependent children to be covered by this policy are unmarried, are under 18 years of age, are wholly or substantially dependent on me for financial, psychological or physical support and will be authorised to enter and remain in Australia with me.

## Extras Cover (If applicable)

- j. I understand that waiting periods, the pre-existing ailment rule, and other benefit exclusions apply, as explained in the product brochure and Membership Guide.

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

Signature

Date (dd/mm/yy) / /

Name (please print)

## Changing over to Medibank Private OSHC is easy

If this is the first time you have had Overseas Student Health Cover (OSHC) you will not need to fill out this form. Otherwise, complete the following, have it signed by the current contributor of your existing OSHC fund and return it to Medibank Private GPO Box 9999, in your capital city; or GPO Box 9999, Brisbane 9000 (if posting from outside Australia). We can arrange to terminate your membership with your existing OSHC fund as well as request a Clearance Certificate on your behalf. This will allow us to waive any equivalent waiting periods that you have already served with your existing fund.

Title Mr/Mrs/Ms/Miss/Dr (please circle) Other

First Name Second Initial

Family Name

Address

Postcode

Previous OSHC fund

## List all other persons transferring

First Name	Second Initial	Family Name	Date of birth (dd/mm/yy)

Membership Number

Cover Name

Date Joined / /

Date paid to / /

I hereby authorise Medibank Private Limited to terminate my membership with your organisation from / /

Medibank Private is authorised to obtain full details, including claims history, about myself and all other members on my membership.

Signature Date / /