

Ambulance cover application



for NSW and ACT residents only

Single

\$130.80

yearly

Family

\$261.60

yearly

The cost of ambulance services isn't covered under Medicare. So if you need to use an ambulance and don't have private health insurance, you could be out of pocket by a lot. For a small amount each year, ahm ambulance cover protects you from hefty costs in the event you or someone in your family needs medically required ambulance services.

These premiums don't include the Australian Government Rebate on Private Health Insurance. If you're eligible to receive the rebate and want to claim it as a reduction in your premiums, the costs will be adjusted accordingly. Premiums effective 1 April 2017.



1 Your details Please use black pen and print in UPPERCASE

Title	First names										
Surname											
Residential address											
Suburb							State		Postcode		
Postal address – if this is the same as your residential address please write 'As above'											
Suburb							State		Postcode		
Date of birth			Gender (M/F)		Phone			Mobile			
D D M M Y Y											
Email											

2 Medicare eligibility Are all persons to be covered by this policy listed on your:

GREEN Unrestricted Medicare card? BLUE Interim Medicare card? YELLOW Reciprocal Medicare card? NO Medicare card?

Expiry date of your Medicare card (if you hold one) D D M M Y Y

If you hold a YELLOW, BLUE or NO Medicare card, some of the benefits under our covers may not apply to you. We strongly recommend you only purchase these covers in conjunction with an Overseas Visitors Health Cover which is more suitable to your needs. Please contact us for further information.

3 Details of people to be covered If you don't have enough space, please attach a separate sheet with the extra information.

	Title	Given name	Surname	Date of birth	Relationship to Principal Member
1				D D M M Y Y	
2				D D M M Y Y	
3				D D M M Y Y	
4				D D M M Y Y	
5				D D M M Y Y	
6				D D M M Y Y	

4 How would you like to pay for your cover?

Direct debit from your bank account – complete sections A, C and D

Direct debit from your credit card – complete sections A, B, C and D

Section A – Your full name as it appears on your bank account or credit card to be debited

Name of your financial institution

BSB

Account number

I/we request that payments due to ahm health insurance, a business of Medibank Private Limited (user id 010758) covered by this document, be drawn under the Bulk Electronics Clearing System from my/our account.

Section B – Type of card

Mastercard

Visa

Credit card number

Expiry date

Section C – Choice of payment day

Your premiums will be deducted yearly. Please choose a date from the 1st - 28th of this month, on which you'd like us to draw your premium each time it's due.

Section D – I/we authorise ahm health insurance, a business of Medibank Private Limited, to charge my/our health insurance premiums to my/our bank account/ credit card. In the event of changes to premiums, levels of cover or arrears of payments to my policy, I/we authorise ahm health insurance to alter the amount from the appropriate date in accordance with such changes. A copy of our Direct Debit Service Agreement will be sent to you upon receipt of these details. The first debit will cover your standard premium plus any adjustments necessary to bring your policy in line with your required debit date. For existing members any change to debit dates may result in the next debit varying from the standard deduction.

Signed in accordance with account/credit card authority

If this is a joint account, both signatures are required

Date: / /

Date: / /

5 Declaration You are applying for an ahm health insurance private health insurance policy with Medibank Private Limited ABN 47 080 890 259 under its Health Benefits Fund and agree to be bound by the Rules of the Fund. You declare that all of the statements made in this application are true and complete and understand we may refuse payment of benefits, and that Lifetime Health Cover loading may be affected, if any statements are false in any respect. We reserve the right to vary our premiums, our private health insurance products or benefits payable, subject to the *Private Health Insurance Act 2007* and Rules. If you have paid premiums in advance, you will not be exempt from such changes. You consent to the collection, use and disclosure of personal information in accordance with our Privacy Policy. You warrant that each named beneficiary has also given that consent. This includes consent to collect any personal information about a named beneficiary from you, any other named beneficiary, medical practitioner or health insurer. You completely indemnify us, related parties, our officers, employees and agents for any losses, damages or expenses that arise from any allegation by any named beneficiary that their conduct, in acting in accordance with our Privacy Policy, is without consent or otherwise amounts to an interference with privacy.

By signing this I have read, and agree to, the above declaration

Date: / /

Submit your application

Sign and send your completed application to info@ahm.com.au with "**Ambulance cover application**" in the email subject. You can also post to ahm health insurance Locked Bag 4, Wetherill Park NSW 2164.

Applying for the Australian Government Rebate with your ambulance cover

Please complete the 'Application to receive the Australian Government Rebate on Private Health Insurance' on the next page and submit it with this form.

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

All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium.



1. Your membership details

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

Your ahm membership number

Date premium reduction to commence/policy commencement
D D M M Y Y

Are you covered by this policy? Yes No (If no) Applicants not covered by 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.

2. Nominate a rebate percentage

The rebate percentage you're entitled to depends on your or your family's income*. Please nominate a rebate percentage in the table below by ticking the box which applies to you. If you don't nominate a percentage, we'll apply a base tier percentage based on your age.

	Base Tier	Tier 1	Tier 2	Tier 3
Income* thresholds from 1 April 2016 to 30 June 2018				
Singles	Up to \$90,000	\$90,001 – \$105,000	\$105,001 – \$140,000	\$140,001 and above
Couples/families	Up to \$180,000	\$180,001 – \$210,000	\$210,001 – \$280,000	\$280,001 and above
2017 rebate entitlement – based on age and income (changes annually on 1 April)				
Less than 65 years	<input type="checkbox"/> 25.934%	<input type="checkbox"/> 17.289%	<input type="checkbox"/> 8.644%	<input type="checkbox"/> 0.000%
65 – 69 years	<input type="checkbox"/> 30.256%	<input type="checkbox"/> 21.612%	<input type="checkbox"/> 12.966%	<input type="checkbox"/> 0.000%
70 years +	<input type="checkbox"/> 34.579%	<input type="checkbox"/> 25.934%	<input type="checkbox"/> 17.289%	<input type="checkbox"/> 0.000%

* This is your 'income for Medicare Levy Surcharge purposes', which is different to 'taxable income'. For more information please consult your tax adviser or contact the Australian Taxation Office. The family income threshold is increased by \$1,500 for each dependent child after the first. Single Parent families are subject to the family income tiers.

3. Your Medicare card details

Medicare card number - Medicare card valid to M M Y Y Y Y Your full name as it appears on your Medicare card

Residential address Postal address (if different to your residential address)

Suburb State Postcode Suburb State Postcode

Daytime phone number (should we need to contact you)

Date of birth D D M M Y Y Sex/Gender Male Female

4. Details of all people covered by the policy (do not include yourself)

Family name	Given name(s)	Date of birth	Sex/Gender	Relationship to applicant: Dependent child
<input type="text"/>	<input type="text"/>	D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	D D M M Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	D D M M Y Y	<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

For a definition of 'dependent child' and details on Medicare card entitlement see next page.

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

Privacy notice: Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services 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 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 the Department of Human Services will manage your personal information, including their privacy policy at www.humanservices.gov.au/privacy or by requesting a copy from the department.

Signature

Date D D M M Y Y

Submitting your application

Please print and sign, then send to info@ahm.com.au. Please include your **ahm member number** and **"Rebate Form"** in the email subject.

About the Australian Government Rebate on Private Health Insurance

If you need to post this form please send it to Locked Bag 4, Wetherill Park NSW 2164.

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium please notify us as soon as possible at info@ahm.com.au or call 134 246.

Dependent child

A child is dependent if the child is under the age of 25 and is covered by your ahm Insurance policy as a Dependant.

Medicare card entitlement

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

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

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

Questions about Medicare eligibility can be made at any Human Service Centre or by calling **132 011** or go to:
www.humanservices.gov.au/customer/services/medicare/medicare-card

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

Our privacy statement

For the purpose of this Privacy Statement, we are Medibank Private Limited (Medibank) and Australian Health Management Group Pty Ltd (ahm), a subsidiary of Medibank and other Medibank subsidiaries (collectively Medibank Group Companies).

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.

Where you provide us with an email address, we send most service-related communications to you by email, like tax statements, and premium and account notices.

From time to time, 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 contacting us: Access the My account page within the ahm Member Services, call us on 134 246 or (+61) 2 4221 8888 Monday to Friday or email us at info@ahm.com.au

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 always obtain the latest version of our Privacy Policy by contacting us or by visiting our website at www.ahm.com.au

You can also write to our Privacy Officer:

Privacy Officer,
Australian Health Management Group Pty Ltd,
Locked Bag 4, Wetherill Park NSW 2164
or email privacy@ahm.com.au

Got questions? We're here to help.

Search our help centre

🔍 help.ahm.com.au

Monday to Friday

💬 Chat at ahm.com.au

☎️ Call 134 246