

DIRECT DEBIT APPLICATION

1. Please complete this form **using black ink** and write within the boxes in **CAPITAL LETTERS**.
Mark appropriate answer boxes with a **cross**. Start at the left of each answer space and leave a gap between words. **Please do not staple**.
2. Please complete all details that are relevant to you on all pages of this form.
3. Read the declaration and sign all the relevant signature panels.

SECTION A: Your details

Existing Bupa membership number

Surname

First name

Initial Title Date of birth

Male

Female

Note: The person named opposite is the Policyholder and has legal responsibility for the membership and for ensuring that premiums are kept up-to-date. Only the Policyholder is authorised to operate the membership and collect benefits on behalf of another insured person, unless they nominate an authorised person (contact us for further details). All membership correspondence will be directed to the policyholder unless indicated otherwise.

SECTION B: Contact details

Residential address

Postcode

Mail address (if different from residential address)

Postcode

Home phone (including area code)

Work phone (including area code)

Mobile

Email



096510513E

SECTION C: Paying your premium

Bupa membership number

I'd like to pay my premiums automatically by direct debit from:

- OPTION A:**
my bank, building society or credit union account
- OPTION B:**
my credit card account

Please choose only one of these options, and fill in your frequency preference and account details below. Please allow up to 14 days for processing. Please note that we require at least two working days to cancel or amend a direct debit payment.

If the payment date is a weekend or a public holiday, we will debit your account on the next business day. I understand Bupa may deduct a payment after receiving this form that will cover me until my nominated start date for direct debit.

OPTION A: Bank/building society/credit union

I'd like my premiums to be deducted every:

- fortnight
on this day (Mon-Fri)
- month quarter 6 months year

I would like the first debit to occur on or after:

Name of financial institution

Name(s) of account holder(s)

BSB number

Bank account number

I/We request and give authority to Bupa (user ID 793) to arrange funds to be direct debited from my/our account in accordance with the terms described in the Bupa direct debit service agreement.

Account holder's signature

Date

Note: if joint account, all signatures required.

Joint account holder's signature

Date

OPTION B: Credit card

I authorise Bupa to charge my:

- Visa MasterCard American Express

Please deduct: a recurring direct debit every:

- fortnight
on this day (Mon-Fri)

- month quarter 6 months year

I would like the first debit to occur on or after:

Credit card number

Cardholder's name (as shown on card)

Expiry date

Cardholder's signature

Date



Applicant, please read then sign this declaration

Privacy Statement

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices, please refer to our *Information Handling Policy*, available on our website or by calling us. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Direct Debit Service Agreement

This agreement outlines the responsibilities of Bupa Australia Pty Ltd ("we", "us", "our") and you. We will confirm the direct debit arrangements prior to the first drawing (including the premium amount and frequency) and debit your nominated account. Deductions will occur on the nominated day, except for deductions nominated for the 28th, 29th, 30th or 31st, which will occur on the first day of the following month. If the nominated day falls on a weekend or public holiday, deductions will be made on the closest business day. We will debit all payments in advance and will automatically vary the deduction amount if your premiums or level of cover change. If we vary the deduction amount, we will give you at least 14 days written notice, except when the previous deduction is dishonoured, when we will deduct the previous period's payment together with the current amount due. If you pay premiums at three, six, and twelve month intervals, then should your financial institution dishonour a drawing, we will draw the payment on the nominated day of the following month. If two or more drawings are returned unpaid by your financial institution, we will also stop deducting your premiums from your nominated account and will start sending you renewal notices, pending further instructions from you. We will maintain the privacy and confidentiality of your billing information (unless you have requested or consented that we can disclose it to a third party or the law requires or allows us to do so). We may provide information to our or your financial institution to resolve a dispute on your behalf. You must ensure your nominated account permits direct debiting and that sufficient cleared funds are available in that account on the due date to cover the premiums due. Your financial institution may charge a fee if the payment cannot be met. You must ensure the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based. You must notify us if the nominated account is transferred or closed. You must pay your premium by an alternative method if either you or we cancel the direct debit arrangements. You must ensure your payments are up-to-date, whether a notice is received from us or not. If paying by credit card, you need to advise us of your new expiry date prior to expiry. You may request that we cancel or alter the debit drawing arrangements by contacting us and providing at least five working days notice of any requested changes. These changes may include deferring the debit, altering the debit dates, stopping an individual debit, suspending the direct debit arrangement or cancelling the direct debit completely. You can dispute any debit drawing or terminate the deductions at any time by notifying us in writing not less than seven days before the next scheduled debit drawing. If you have any queries about your direct debit agreement, please contact us. We undertake to respond to queries concerning disputed transactions within five working days of notification.

Transferring from another fund

I am transferring from another private health insurer and hereby authorise Bupa Australia Pty Ltd to cancel my previous membership with that other insurer and obtain information about my previous policy on my behalf from other private health insurers as applicable.

Terms and Conditions

I accept to be bound by the Fund Rules of Bupa Australia Pty Ltd (available on our website, or by calling us), as amended from time to time. I acknowledge that I have read the brochure in full and understand the terms and conditions of my cover, including those relating to pre-existing conditions, waiting periods, restricted benefit periods or any exclusions that apply to my cover. I declare that the information I have provided is true and correct. I have read and consent to, and have made the other people on this policy aware of, the collection, use and disclosure of my personal information as set out in this Privacy Statement and in the *Information Handling Policy* (available on our website, or by contacting us). I acknowledge that, where practicable, information is provided with the consent of the individual to whom it relates.

Signature of Policyholder

Date

Partner's signature

Date

D	D	M	M	Y	Y
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D	D	M	M	Y	Y
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Just before you send



Check that you have signed all the signature boxes relevant to your application, including the declaration above.
PLEASE DO NOT STAPLE.

Please mail your application (no postage stamp required) to:

Bupa Reply Paid 9809 BRISBANE QLD 4001

If you would like any assistance, please call us on **134 135**.

Bupa Australia Pty Ltd ABN 81 000 057 590

OFFICE USE ONLY

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