

Please provide email addresses for each dependant over 16 years of age

Surname	Given names	Email address	Mobile

We hereby give consent for Astute Simplicity Health to contact us via email and/or SMS Yes No

Transfer details

Are you transferring from another Astute Simplicity Health policy? Yes No If yes, please provide your previous membership number below.

Membership no.

Are you or anyone else on this policy transferring from another private health insurer? Yes No

Fund	Member no.	Plan code	Joined	Ceased

Have you held private health cover with any other private health insurer at any time since the year 2000? Yes No

Fund	Member no.	Plan code	Joined	Ceased

If you have held cover with another private health insurer, please complete a 'Clearance certificate request'. This will help us determine if any Lifetime Health Cover loading or waiting periods will apply to your policy with Astute Simplicity Health.

Your cover requirement

New Change Date cover/change to commence

Packaged cover

- Packaged Astute Gold 250
- Packaged Astute Gold 500

- Packaged Simplicity Saver Bronze + 250
- Packaged Simplicity Starter Bronze + 500

I acknowledge that I have been advised and am aware that in joining Packaged Simplicity Saver Bronze + 250 and Packaged Simplicity Starter Bronze + 500, there will be excluded services as listed in the Astute Simplicity Health brochure.

Please initial

Hospital cover

- Astute Top Hospital Gold 250
- Astute Top Hospital Gold 500
- Simplicity Saver Bronze + 250
- Simplicity Starter Bronze + 500

Extras cover

- Extras Protect

Cover type

- Single
- Couples & Families

I acknowledge that I have been advised and am aware that in joining Simplicity Saver Bronze + 250 and Simplicity Starter Bronze + 500, there will be excluded services as listed in the Astute Simplicity Health brochure.

Please initial

Pre-existing condition

A 12 month waiting period applies to pre-existing conditions. A pre-existing condition is an ailment, illness or condition the signs or symptoms of which existed at any time in the period of 6 months ending on the day on which the person became insured under the policy. Other waiting periods may apply. For more information on waiting periods refer to our website www.astutesimplicityhealth.com.au

If you are transferring your cover some waiting periods may not apply. Refer to membership conditions 12 and 13 on our website www.astutesimplicityhealth.com.au.

I have read and understood the information regarding the pre-existing condition waiting period. Please initial

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.

Do you wish to receive the rebate as a reduced premium? Yes (If yes, please complete the remainder of this section)
 No (If no, no further information required in this section)

What date do you wish your reduced premium to commence?

What rebate tier do you wish to nominate? Base Tier Tier 1 Tier 2 Tier 3

If at any stage you wish to nominate a new tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify St.LukesHealth as soon as possible.

Are you covered by this membership? 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.

Please provide your details below.

Surname	Given names	Address	Phone no.	Relationship

Are all people on this policy listed on a Medicare card or entitled to a Medicare card? Yes No
 (If no, you cannot apply for the rebate until you obtain a card from Medicare)

If you are unsure whether you are eligible for Medicare, go to <https://www.humanservices.gov.au/customer/services/medicare/medicare-card> for more information.

Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 132 011. Note: call charges apply – calls from mobile phones may be charged at a higher rate.

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

I acknowledge that the Australian Government Rebate is income tested and eligibility for the rebate is determined by the taxable income of a single or a family. I further acknowledge that if my taxable income, or my family's taxable income, falls into a different rebate tier to the tier I have nominated, an adjustment in the amount of rebate I have claimed will be made in my and/or my partner's annual tax return.

Please initial

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 where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which the department will manage your personal information including their privacy policy, at www.humanservices.gov.au/privacy

Payment method

Fortnightly Monthly

How do you wish to pay?

Periodic direct debit from my bank account
 (Please complete a Direct debit request form) Credit card payment on this occasion only
 (Please complete a Credit Card Authorisation form)

Periodic direct debit from my credit card
 (Please complete a Credit Card Authorisation form)

Benefit deposit request

I would like Astute Simplicity Health to direct credit benefits into my bank, building society or credit union account as detailed below.

Tick this box if you would like benefits on paid accounts (ie Refunds on doctors bills etc) credited directly into your bank, building society or credit union account. Please note that direct credit is not available on credit card accounts.

Name of financial institution
Name of account holder/s

BSB - Account number

Declaration

I hereby declare the statements on this form to be true and complete and agree to be bound by the full Rules, By-Laws and related guidelines of St.LukesHealth as amended from time to time. I acknowledge that this application form and brochure does not contain all the Rules, By-Laws and related guidelines of St.LukesHealth. I also acknowledge my membership is subject to the pre-existing condition rule, waiting periods and benefit limitation periods as explained in this brochure. A summary of membership conditions are shown in this brochure. If the information supplied on this application is inaccurate or fraudulent, I acknowledge that St.LukesHealth may refuse to pay a claim, cancel the policy or require payment of any additional premium loading payable in accordance with the Lifetime Health Cover legislation.

I acknowledge St.LukesHealth has a Privacy Policy which I may view upon request, and I will inform any dependants referred to on this application of the existence of the St.LukesHealth Privacy Policy. I consent to the collection, use and disclosure of my personal and sensitive information in the provision by St.LukesHealth of a health insurance service or for a purpose identified in the St.LukesHealth Privacy Policy, and I have authority to provide and consent to the release of personal and sensitive information on behalf of the dependants referred to in this application. I acknowledge that I may withdraw my consent to the collection, use and disclosure of my personal and sensitive information and the personal and sensitive information of any dependant aged below 16 years (and any dependant aged 16 years and over may withdraw his or her consent), except where excluded by law. I authorise Astute to release my application information to St.LukesHealth and I authorise the release of personal and sensitive information from my previous health fund, and from any hospital, medical practitioner, or other health service provider that St.LukesHealth deems necessary to administer my policy.

Signature Date

Just before you send

Check that you have completed all the sections and signed all the signature boxes relevant to your application, including the declaration above.

Office use only	Policy excess	Old plan code	New plan code	LHC loading	
	PHI rebate	Source code	Alliance partner		
	Driver 1	Driver 2			
	Broker ID	Broker name			
	Is this policy linked to another for payment purposes? If yes, membership number				
	Comments regarding waiting periods on promotions				
	General comments				