

# MEMBERSHIP APPLICATION

Updated April 2024

## CHECKLIST

- Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**
- Please complete all details that are relevant to you on all pages of this form
- Read the declaration and sign all the relevant signature panels
- Mail your completed application form to **Teachers Health, GPO Box 9812, Sydney NSW 2001** or email to **info@teachershealth.com.au**

Phone **1300 728 188**  
Overseas **+61 2 8346 2111**

Web **teachershealth.com.au**  
Email **info@teachershealth.com.au**

Teachers Federation Health Ltd  
ABN 86 097 030 414 trading as Teachers Health  
A Registered Private Health Insurer

### I would like my membership to start:

- ☐ As soon as possible
- ☐ On this date   /   /

Promo code:

## A. YOUR DETAILS (PRIMARY MEMBER)

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr Other

First name

Surname

Date of birth   /   /      Gender ☐ Female ☐ Male ☐ Other

## B. CONTACT DETAILS

Mobile  Home phone

Primary email

Secondary email

I authorise Teachers Health to contact me via email (this includes legally-required communications such as premium notifications).

☐ Yes ☐ No

### Home address

Address

Suburb/town  State  Postcode

### Postal address

☐ As above. If not, please add postal address:

Address

Suburb/town  State  Postcode

## C. ELIGIBILITY

We're open to the education community and their families – for eligibility visit **teachershealth.com.au/who-can-join**. We may contact you to confirm your eligibility (e.g. details your union membership details).

- ☐ Current union member (specify union)
- ☐ Former union member
- ☐ Relative of an eligible member

D. YOUR PARTNER AND/OR ADDITIONAL FAMILY MEMBER DETAILS

Provide details of anyone else on your membership (other than you – the primary member). If there are more than 5 people to add, please supply their details on a separate page. In providing this information, you acknowledge that you do so with the consent of any/each person aged 17 or over.

TITLE	FIRST NAME	SURNAME	DATE OF BIRTH	CONTACT NO.	RELATIONSHIP

**Partner Authority (if relevant):** I authorise my partner to be a point of contact on our membership. ☐ Yes ☐ No  
For information on partner authority, visit [teachershealth.com.au/authority](https://teachershealth.com.au/authority)

**Children on your membership (if relevant):** Children automatically remain covered until their 21st birthday.

**Student Dependants:** Adult children can stay on your cover (as student dependants) until they turn 32 if they are full-time students, trainees, apprentices, interns or cadets and are not married or in a de facto relationship. If anyone already listed above is a student dependant, please add their name and education institution/employer below.

NAME OF CHILD	NAME OF UNIVERSITY/COLLEGE/EMPLOYER

**Extended Family Cover:** Adult children aged 21 – 31, who are not studying full-time and are not married or in a de facto relationship, can also be on your membership. For this option, select Extended Family below (section E).

E. YOUR COVER

☐ Single ☐ Couple ☐ Family ☐ Single Parent ☐ Extended Family ☐ Extended Family (single parent)

Hospital

- ☐ Top Hospital (Gold)
- ☐ Top Hospital 300 (Gold)
- ☐ Top Hospital 500 (Gold)
- ☐ Mid Classic 300 (Silver Plus)
- ☐ Mid Classic 500 (Silver Plus)
- ☐ Mid Hospital 300 (Basic Plus)
- ☐ Mid Hospital 500 (Basic Plus)
- ☐ Basic Hospital (Basic Plus)

Extras

- ☐ Top Extras
- ☐ Mid Extras
- ☐ Emergency Ambulance only

Combined

- ☐ StarterPak (Basic Plus)

F. PAYMENT DETAILS

Direct debit (paying your premiums)

By signing this application form, I declare that I have obtained all necessary consents from all (including joint and third party) account holders for deductions to be made by direct debit. I/we request, until notice is given, that monies due to Teachers Health be drawn under the direct debiting system from the account, as per details listed below.

BSB number  -  Account number

Account holder name/s

Payment frequency ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly

Preferred payment date 

D

D

 / 

M

M

 / 

Y

Y

Y

Y

Your first debit may differ from your regular payment amount (if the debit date isn't the same as your membership start date).

Direct credit (receiving your claims)

Would you like benefits paid into the above account? ☐ Yes ☐ No (add benefit account details below)

BSB number  -  Account number

Account holder name/s

Signature of account holder or authorised person

D

D

 / 

M

M

 / 

Y

Y

Y

Y

Date

G. REBATE

Please complete this section to receive the Australian Government Rebate on Private Health Insurance as a reduced premium. If you do not complete this section, full premiums apply. All people listed on the policy must be eligible to claim Medicare for you to receive the Rebate as a reduced premium. For more information about eligibility for Medicare, go to [servicesaustralia.gov.au/medicare-card](https://servicesaustralia.gov.au/medicare-card)

If you select the wrong tier, this may have implications with respect to your annual tax return (and you may be required to repay the Rebate, or some part of it).

1. Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

- ☐ **Yes** Please complete the remainder of this section.
- ☐ **No** You cannot apply for the Rebate until you obtain a Medicare card.

2. Are you covered by the policy?

- ☐ **Yes**
- ☐ **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.

Date you wish Rebate to commence from: The policy start date  or another date  /  /

Medicare card number           Expiry date  /  /

*\*Inclusion of day in date is only applicable for those holding an interim or reciprocal Medicare card.*

Name on card (exactly as it appears)

I'd like to nominate the Rebate tier below to be applied to my membership (Please mark one selection only)

APPLICABLE REBATE %					INCOME THRESHOLDS	
Income Tier	Tick	Under 65 years	65–69 years	70+ years	Single	Couples/Family
Base Tier	<input type="radio"/>	24.608%	28.710%	32.812%	Up to \$93,000	Up to \$186,000
Tier 1	<input type="radio"/>	16.405%	20.507%	24.608%	\$93,001 to \$108,000	\$186,001 to \$216,000
Tier 2	<input type="radio"/>	8.202%	12.303%	16.405%	\$108,001 to \$144,000	\$216,001 to \$288,000
Tier 3	<input type="radio"/>	0%	0%	0%	More than \$144,000	More than \$288,000

**Note:** Single parents and couples (including de facto couples) are subject to family tiers as is defined by the ATO. For families with children, the thresholds are increased by \$1,500 for each child after the first.

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

For more information about the Australian Government Rebate on Private Health Insurance, go to [privatehealth.gov.au](https://privatehealth.gov.au). Questions about Medicare eligibility can be made at any Service Australia Service Centre or by calling **132 011**.

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

H. LIFETIME HEALTH COVER DETAILS

1. Are you or your partner under the age of 31?

☐ Yes ☐ No
2. Have you held continuous private hospital cover for the past 10 years (or since your 31st birthday) ?

☐ Yes ☐ No
3. Has your partner (if applicable) held continuous private hospital cover for the past 10 years (or since their 31st birthday)?

☐ Yes ☐ No

If you answered ‘Yes’ to question 2 or 3 above, make sure you complete the Transfer request section below to avoid additional loading charges.

## I. TRANSFER REQUEST

If you or your partner are transferring from another registered health fund, Teachers Health will cancel your current health fund membership for you. If you transfer to an equivalent level of cover with us, we will recognise waiting periods already served (for services included on your Teachers Health cover). Once your current fund provides us with a Transfer Certificate you can start claiming, provided your membership is paid up to date.

### Partner transferring from a different membership?

Partners (non-primary members) transferring from another membership need to request their own Transfer Certificate. They can do this online via [teachershealth.com.au/cc](https://teachershealth.com.au/cc)

### Current fund details

Fund name	<input type="text"/>	Level of cover	<input type="text"/>
Member name	<input type="text"/>		
Membership number	<input type="text"/>		

Please cancel this membership on   /   /     or the day my Teachers Health membership begins.

### I authorise Teachers Health to:

- Contact my previous health fund on my behalf ☐ Yes ☐ No
- Cancel the membership for ☐ Me ☐ Everyone covered

Signature of existing primary member at transferring fund

  /   /    

Date

## J. DECLARATION

Please read and acknowledge the following:

- ☐ I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence.
- ☐ I have authority to sign on behalf of all members on this policy (if relevant).
- ☐ I have read the Privacy Notice below and agree to the collection and use of my personal and sensitive information as outlined therein.
- ☐ I agree to be bound by the Teachers Health Fund Rules as amended from time to time, and understand that my premium may increase and/or my benefit entitlements may change. An abridged version of the Teachers Health Fund Rules can be found at [teachershealth.com.au/fund-rules](https://teachershealth.com.au/fund-rules) or a copy is available on request by calling **1300 728 188**.
- ☐ I understand that waiting periods may apply to my chosen level of cover (including 12 months for pre-existing conditions).
- ☐ I agree to receive marketing material from Teachers Health.

Signature of new primary member at Teachers Health

Print Name

Date   /   /

## K. HOW DID YOU HEAR ABOUT US?

- ☐ Word of mouth (Family)
- ☐ Word of mouth (Colleague)
- ☐ From my union
- ☐ Teachers Health representative (Please specify name)
- ☐ Online search
- ☐ Advertising
- ☐ Promotion (Please specify)

☐ Other (Please specify)

PRIVACY NOTICE

To arrange and manage your private health insurance, Teachers Federation Health Ltd ABN 86 097 030 414 trading as Teachers Health (and its duly authorised representatives) collects personal information including sensitive information from its members and prospective members, those authorised by its members such as family members, and may in the course of its business collect some information from third parties such as hospitals, medical and ancillary providers, trade unions, employer organisations, aggregators and third party service providers. Information may be collected directly (for example, when an individual tells us or fills in a form) or indirectly (for example, by way of cookies when an individual visits the Teachers Health website).

The purpose of collecting the information is so Teachers Health can provide its products and services, specifically health insurance; dental, eyecare and other allied health services; healthy lifestyle programs; broader health cover services and general and life insurance products and services. Teachers Health may also collect, use and disclose it to confirm eligibility to become a member, for product development, marketing, research, IT systems maintenance and development, recovery against third parties, fraud prevention and for other purposes with your consent or where authorised by law. If personal information is not collected from an individual, Teachers Health may not be able to provide its products and services to that individual.

Teachers Health usually discloses personal information it has collected to those entities, bodies or persons required in order to provide its products and services – for example, to unions to verify eligibility for membership, hospitals and medical providers for eligibility checks, to contracted providers of healthy lifestyle programs or broader health cover services, to financial institutions to pay health insurance claims, to government and regulatory bodies for compliance purposes, to third party service providers such as data storage, data handling providers and mailing houses who distribute Teachers Health member communications and to fraud prevention agencies. Teachers Health is not likely to disclose personal information to overseas recipients.

The Teachers Health Privacy Policy contains information about how an individual may access and seek correction of their personal information held by Teachers Health and about how to complain to Teachers Health about a breach of the Australian Privacy Principles. An abridged version of the Teachers Health Privacy Policy may be accessed at [teachershealth.com.au/privacy](https://teachershealth.com.au/privacy) or request a copy by calling **1300 728 188**. Any enquiries and requests relating to the Privacy Act should be directed to the Privacy Officer telephone **1300 728 188** or [privacyofficer@teachershealth.com.au](mailto:privacyofficer@teachershealth.com.au)

Unless you opt out, Teachers Health may contact a member by telephone, mail, electronic messages (including email), online and via other means with direct marketing material. If a member does not wish to receive such material, they can opt out at any time by calling **1300 728 188** or emailing [unsubscribe@teachershealth.com.au](mailto:unsubscribe@teachershealth.com.au)

When someone provides personal information about other individuals such as family members on their health insurance policy, Teachers Health rely on that person having made them aware of the matters in this Privacy Notice and having obtained their consent on these matters.



 A Members Health Fund

**WHAT NEXT?** Once form is completed please send to **GPO Box 9812, Sydney NSW 2001** or [info@teachershealth.com.au](mailto:info@teachershealth.com.au)

OFFICE USE ONLY

Member number

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