Overseas Workers Cover

Important Information

health.com.au

Welcome to health.com.au!

Here is some other important information. It's all the detailed information about health.com.au and your cover. You may not need it now, but it's good to have a copy.

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1. Definitions

Health cover can be confusing. To help, we've provided a list of definitions for commonly used words or phrases. If you still need help understanding the health system or your cover, make sure you get in touch with health.com.au We're here to help.

Accident: An unexpected and unintentional event that results in harm, injury, damage or loss.

Admitted patient: A person who is formally admitted into hospital to receive hospital treatment or care.

Adult: Defined in the Private Health Insurance Act as a person who is not a dependant.

Australian Health Service Alliance (AHSA): An organisation that acts on behalf on a number of health funds to arrange contracts between hospitals, doctors and health service providers.

Ambulance services: The services provided by an approved ambulance service (or a third party approved by the ambulance service) to transport a person, when medically necessary, to a hospital for admission or for emergency treatment.

Antenatal and postnatal services: Classes or care before or after (and relating to) the birth of a baby.

Benefits: The money payable from the Fund to the customer or on their behalf for approved services claimable under their level of cover.

Benefit Limitation Period: A period of time where the benefit payable to you is only at public hospital rates.

Calendar year: The period between 1 January and 31st December.

Claim: A formal request to the Fund for payments of benefits.

Compensation: The payment, or possibility of payments, by a third party for expenses incurred by the customer.

Condition: An illness, injury, disease or disorder of the body for which you need treatment.

Contracted Rate: The cost for hospital services, as agreed between the AHSA and the hospital.

Commencement Date: Start date of the policy.

Cosmetic Surgery: Surgery to improve your appearance that is not medically necessary.

Dependant: Someone who is on the same visa as, lives at home with and is financially dependent on the policy holder.

Emergency Department: A department at the hospital for emergency treatment. You usually arrive there by ambulance or by your own means without an appointment. It can also be known as "emergency room", "accident and emergency (A&E)" or "casualty".

Excess: The amount you need to pay for your hospital admission before health.com.au will start paying benefits.

Hospital: A facility for medical and surgical treatment or for caring for the unwell or injured. This is further defined under Section 121-5(60) of the Act.

In-patient: A person who is admitted to a hospital for medical care or surgical treatment.

Medicare Benefits Schedule (MBS): A list of medical fees for each medical service set by the Government based on a fair price and how much Australia can afford to pay for the total health system.

Participating Hospital: These are hospitals with which health.com.au has an agreement to charge contracted rates.

Out of Pocket: This is the amount you pay toward your medical expenses. This is calculated as follows: total fee – benefits from health.com.au = out of pocket expense.

Overseas Visitor: A temporary visa holder who is not in Australia for only study purposes. This includes family members on the same visa.

Pre-existing Condition: An ailment, illness or condition that there were signs or symptoms in the 6 months immediately before you joined health.com.au. This is decided by an independent Medical Referee by obtaining information from your doctor. If your condition is deemed pre-existing, there will be a 12 month waiting period before health.com.au will provide benefits for treatment of the condition.

Premiums: The money paid to health.com.au for your policy.

Private Hospital: A hospital owned by a private entity, not the government.

Provider: This includes hospitals and medical practitioners.

Public Hospital: A hospital administered by a state or territory government.

Reciprocal Health Care Agreement (RHCA): Covers the cost of essential medical treatment for citizens of some countries while they are in Australia. These counties are Belgium, Finland, Italy, Malta, Netherlands, Norway, Republic of Ireland, Slovenia, Sweden and United Kingdom.

Repatriation: The process of returning a person to their place of origin or citizenship.

Waiting Period: The length of time you to wait before being eligible for health insurance benefits.

2. Eligibility for membership with health.com.au

In order to be eligible to take out a health.com.au Overseas Visitors Cover policy, you need to hold either a 457, 482 or 485 working visa.

If the visa has been granted to a single person, then a single policy must be taken out.

If the visa has been granted to a family, then a family policy must be taken out.

2.1. Dependants

Dependants can be added to the policy by calling health.com.au health.com.au covers dependants up until the age of 21 or up until 25 if they are studying full time.

Adding a Newborn

To add a newborn to the policy, you'll need to get in touch with health.com.au

If you are on a singles policy, you will need to upgrade to a family policy at least 2 months prior to the due date of the baby so that the baby does not have waiting periods.

If you are on a couples or a family policy, you have up to 3 months to add the baby from the date of birth and the baby will not be subject to any waiting periods.

2.1.1. Ceasing to be a Dependant

health.com.au covers dependants to the age of 21. At this time, they will be removed from their parent's policy. They can then join their own policy without having to re-serve waiting periods (with the exception of the balance of any waiting periods still to be served).

3. Introduction to health.com.au

health.com.au Overseas Visitors Health Cover is a brand of health.com.au Pty Ltd (ACN 152 479 975). In this section, references to "health.com.au" or "health.com.au OVHC" are references to health.com.au Pty Ltd (ACN 152 479 975).

3.1. Application for membership with health.com.au

When you sign up for health insurance with health.com.au, it's important that you provide us with all the information requested to allow us to maintain an accurate record of your policy. It is also important that the information you provide is true and correct. health.com.au will consider your policy void if you provide false or incorrect information on your policy application. If your policy is terminated, then premiums received in advance for coverage beyond the termination date will be refunded. Additionally, the Department of Immigration and Border Protection will be notified that you no longer have complying health cover to meet Visa condition 8501.

You can make changes to your policy anytime.

health.com.au uses the terms 'policy holder', 'spouse/partner' and 'dependant' to define the people covered by a policy. Only the person nominated as the 'policy holder' can authorise changes to the policy unless the policy holder has previously authorised the spouse/partner to make such changes. Similarly, correspondence issued by health.com.au will be addressed to the policy holder and it is the member's responsibility to notify health.com.au of any change of address by maintaining the address records in the member area. The completion of the application process and the payment of any premium constitutes an acceptance of any conditions laid down in the regulations of the fund, including this important information document.

health.com.au reserves the right to refuse admission to membership of any level of health cover.

In the event that any member or person named on the policy is convicted in a court of law of assault or similar offence against a staff member related to that staff member's performance of their duties, has obtained or attempted to obtain an improper advantage for themselves or for any other member, or is convicted in a court of law of fraud against health.com.au, the Board may in its discretion, declare the customer's policy void. The status of the customer's policy will be assessed with any outstanding claims being honoured and any premiums shall be refunded less all monies owed. Any other rights accrued to the customer will be forfeited.

3.2. Refusal of Applications

Subject to this Important Information document, health.com.au may refuse to provide a person with Overseas Visitors Health Cover. If health.com.au refuses an application, health.com.au will provide a reason to the person.

3.3. Goods and Services Tax (GST)

All premiums received by health.com.au Overseas Visitors Health Cover are subject to Goods and Services Tax (GST) of 10% in accordance with A New Tax System (Goods and Services Tax) Act 1999. This is included in the advertised premium.

3.4. Medicare Eligibility

If you are eligible to receive any entitlement to Medicare, including under Reciprocal Health Care Agreement, you will need to let health.com.au know as soon as possible.

3.5. Switching from another Insurer

If you are switching from another fund, health.com.au will arrange to cancel your previous cover and for them to send us a copy of your clearance/transfer certificate.

You will not need to serve any waiting periods provided you have:

- Served your waiting periods with your previous fund.
- Are on the same or lower level of cover than you were previously.

If you've served part of your waiting period with your previous fund, you'll only need to serve the balance with health.com.au

If you're upgrading your cover by moving to health.com.au, you'll only need to serve waiting periods for things you weren't previously covered for.

3.6. Claims card

When you sign up with health.com.au Overseas Visitors Health Cover, you'll receive a claims card that identifies you as a customer. The card shows your policy number and who's covered. health.com.au's contact details are listed on the back of the card. Have your claims card on hand when you arrange an admission to hospital, visit a participating provider, or when you call health.com.au with any questions.

A new card may be issued when you make changes to your policy. Please note that an existing card becomes invalid whenever a new claims card is issued. Keep your card safe, and please advise health.com.au if your card is lost or stolen.

3.7. Communications from health.com.au by email

health.com.au understands that paperwork is time-consuming, tedious, and apart from anything else, a waste of paper. On the other hand, health.com.au understands that customers want to be able to access information quickly and easily.

health.com.au will provide you with a great deal of information upon joining, including your:

- Visa Compliance Letter.
- A detailed description of the coverage provided by the products you have bought.
- Other Important Information relating to your coverage and your policy.

You may need this material one day. This may be years after you join, so please keep this information in a safe place.

Where possible, health.com.au will communicate to you via email.

3.8. Check your cover

Please contact health.com.au to check your cover before having treatment or going into hospital to confirm what you will be covered for.

3.9. Arrears

health.com.au members are responsible for ensuring their accounts have sufficient funds available on their nominated direct debit date. If a policy is in arrears, health.com.au cannot pay benefits until the account is paid up to date.

The policy will cease when premiums fall into arrears of more than 2 months after the premium due date. If we need to terminate your policy for being in arrears, we may advise the Department of Immigration and Border Control, and it may affect your visa. Reactivating an arrears terminated policy is entirely at the discretion of health.com.au.

3.10. Liabilities of policy holder to health.com.au

A policy holder can be liable to health.com.au for unpaid premiums and for overpayments. Overpayments can be made by health.com.au to a policy holder, either through an error in completing a claim or an error in processing a claim. If an overpayment is made, the policy holder is liable to repay the amount of the overpayments to health.com.au on demand. If a policy holder is liable to health.com.au for unpaid premiums or overpayments, then health.com.au has the right to deduct the amount of that liability from any monies due by health.com.au to the policy holder on any account.

3.11. Audits

health.com.au undertakes audit activities in order to protect policy holders assets and contain costs. From time to time, in the general interest of customers, a health.com.au representative may contact you with a request for assistance to monitor costs – whether relating to benefits paid, or charges raised by health care providers. Your co-operation with such requests is critical to our cost containment efforts, and will be treated in a completely confidential manner.

3.12. Cancellations

You may cancel your health.com.au cover from:

- The date you notify health.com.au in writing of the cancellation (a transfer certificate will be provided to the insured person within 14 days of request); or
- Your next direct debit date, whichever is earlier

If you cancel your health.com.au cover, you'll be reimbursed for any amount paid ahead of your cancellation date except if your cancellation date is within the first month of membership, in which case a cancellation fee will apply, equal to the first month's premium.

Any refunds owing will be deposited in to an Australian Bank account if the following is supplied by the policy holder:

- Full Name and Address of the financial institution
- Full Name of Account Holder
- BSB Number
- Account Number

We will notify the Department of Immigration and Border Protection, in writing, to confirm that you no longer have complying health insurance cover.

3.13. Termination due to improper behavior

If health.com.au believes you have received or attempted to receive an advantage (whether monetary or otherwise) that the policy holder knows they are not entitled to or have engaged in inappropriate behavior (including directed at health.com.au staff), health.com.au may terminate your policy.

3.14. Suspensions

You may suspend your cover for the reason of overseas travel. In order to suspend your policy, you must:

- Have held health cover with health.com.au for at least 3 continuous months AND
- Be travelling overseas for a minimum of 2 months AND
- Be returning within 5 years.

To suspend your policy, please contact health.com.au.

3.15. Payment of Premiums

3.15.1. Payment Frequencies

Premiums must be paid a month in advance at all times. All premiums must be paid via direct debit out of a bank account or credit card. health.com.au will debit your account monthly or annually.

3.15.2.Premiums paid in advance

You can choose to pay your health.com.au premiums 30 months in advance by making a credit card payment over the phone. However, premiums can't be paid further than 30 months in advance from your join date or 30 months in advance of the date of payment if the policy is an active policy.

3.15.3.Rate Changes

health.com.au may change premium amounts due to a change in product, policy type or due to operational expenses. If health.com.au changes premiums or products, we'll advise you with at least 14 days notice.

3.16 Global Annual Limit

The Global Annual Limit is the most that health.com.au will contribute to your medical expenses in a year. This is set at $1m for health.com.au covers.

4. Product Information

4.1. When to contact health.com.au

If you have less than 12 months of membership on your current hospital cover, make sure you contact us before you are admitted to hospital and find out whether the pre-existing condition waiting period applies to you. We need about 7 working days to make the pre-existing condition assessment, subject to the timely receipt of information from your treating medical practitioner/s. Make sure you allow for this time frame when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we

subsequently determine your condition to be pre-existing, you'll have to pay all outstanding hospital charges and medical charges.

4.2. Waiting periods

Waiting periods exist to protect customers from claims made by those who join health.com.au or increase their level of cover because they have a condition or illness that may require treatment.

Waiting periods apply to:

- New customers (previously uninsured);
- Additions to a policy (unless the addition/s has already served all waiting and benefit limitation periods with health.com.au or another fund) except newborns and adopted or permanent foster children where the family membership has been in existence for at least 2 months
- Existing health.com.au memberships, and transfers to health.com.au from another insurer where:
  - the level of cover and/or benefit entitlement is upgraded or increased;
  - any hospital or extras service was not covered by the previous insurer and/or;
  - the waiting and benefit limitation periods have not been completed.

Where a customer is transferring from another product or from another health insurer, waiting and benefit limitation periods for hospital treatment that was not covered under the old policy are:

- 12 months - obstetric or pre-existing condition (other than for psychiatric, rehabilitation or palliative care).
- 2 months - psychiatric, rehabilitation or palliative care.
- 0 months - accidents (bodily injuries that happen the day after you join or upgrade to a higher level of cover) and ambulance.

The above waiting and benefit limitations also apply to previously uninsured members.

For treatment that was covered under the old policy, at the same or higher level than the new policy, waiting periods are no longer than the balance of any un-expired waiting or benefit limitation period for the benefit that applied to the person under the policy.

For treatment that was covered under the old policy but at a lower level, the member is entitled to the lower benefits equivalent to their old cover during the waiting period.

Existing customers with at least 12 months membership in total across their old and new cover are entitled to the lower benefits on their old cover during the waiting or benefit limitation period.

4.3. Ambulance Cover

Emergency Ambulance trips provided by State or Territory Ambulance Service will be covered where:

- The insured person is not already covered by a State or Territory Ambulance Service scheme AND
- The service was defined as an emergency by the Ambulance Service OR
- The ambulance attended to an emergency but by the time they arrived, they were no longer required OR
- A treating doctor has defined the trip as medically required transport.

4.4. Emergency admissions

In an emergency, we may not have time to determine if you are affected by the pre-existing condition rule before your admission. Consequently, if you've less than 12 months membership on your current hospital cover, you might have to pay for some or all of the hospital and medical charges if we later determine that the condition was pre-existing.

4.5. Pre-existing conditions (PEC)

A pre-existing condition is one where signs or symptoms of your ailment, illness or condition, in the opinion of an independent medical practitioner (not your own doctor), existed at any time during the six months preceding the day on which you purchased your hospital insurance or upgraded to a higher level of hospital cover and/or benefit entitlement.

The only person authorised to decide that a condition is pre-existing is the independent medical practitioner. However, the medical practitioner appointed by health.com.au must consider any information regarding signs and symptoms provided by your treating medical practitioner/s.

The pre-existing condition rule still applies even if your ailment, illness or condition was not diagnosed prior to joining the hospital cover. The only test is whether or not, in the 6 months prior to joining your current hospital cover, signs and symptoms:

- were evident to you; or
- would have been evident to a reasonable general practitioner if a general practitioner had been consulted.

If you've been a customer for less than 12 months on your current hospital cover, make sure you contact us before you are admitted to hospital to find out whether the pre-existing condition waiting period applies to you. We need 7 working days to make the pre-existing condition assessment, subject to the timely receipt of information from your treating medical practitioner/s. Make sure you allow for this time frame when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we subsequently determine your condition to be pre-existing, you'll have to pay all outstanding hospital charges and medical charges.

4.6. Waiting periods – PEC

A special waiting period applies to obtain benefits for hospital treatment for new customers who have pre-existing conditions. Waiting periods also apply to existing customers who have recently upgraded their level of hospital cover. If the ailment, illness or condition is considered pre-existing:

- New customers must wait 12 months for any hospital benefits (other than psychiatric, rehabilitation and palliative care).
- Customers transferring/upgrading to a higher hospital cover must wait 12 months to get the higher hospital benefits (other than psychiatric, rehabilitation and palliative care).

Existing customers with at least 12 months membership in total across their old and new cover are entitled to the lower benefits on their old cover.

4.7. Excess - Hospital only

An excess is the fee you pay in return for lower premiums. An excess applies when you're admitted into hospital as a private patient.

The most you'll pay for excess each calendar year is:

- $500 for Singles
- $1,000 for Couples and Families

If one person from a Couple or Family policy goes to hospital, they'll have a maximum excess of $500.

For example, if health.com.au's full benefit for a hospital stay was $5,000 the benefit would reduce by a $500 excess and an adjusted benefit of $4,500 would be paid. If the same person is admitted into hospital again in the same year they would not pay another excess. When health.com.au says 'year' health.com.au means calendar year (Jan 1 to Dec 31).

If you have dependent children on your policy there is no excess payable for them.

4.8. Exclusions

You cannot claim for the following:

- Account/s that have been altered in any way will not be accepted. Providers are required to re-issue any account/s or endorse any alterations. Benefits are only payable on itemised and original account/s.
- Services/treatment for which the member and/or dependant has a right to claim damages or compensation from any other person or body.
- Treatment where the member and/or dependant is eligible for free treatment under any Commonwealth or State Government Act.
- Services/treatment rendered more than 24 months prior to the date of claiming.
- Services/treatment which is not covered by your policy and/or is rendered while the policy is in arrears or is suspended.
- Services/treatment rendered by a practitioner not in private practice and/or not recognised by bodies approved by health.com.au.
- Hiring of equipment (unless otherwise stated).
- Services not rendered face to face (e.g. remotely over the phone).
- Benefits for lifestyle related services that primarily take the form of sport, recreation or entertainment.
- Benefits payable shall not exceed the fees and/or charges raised for any treatment and/or services covered for benefits under the relevant cover after taking into account benefits paid from any other source.
- Benefits for services on treatment received overseas.
- All in-patient services for which Medicare pays no benefit.

4.9. Restrictions

Benefits may not be paid or may be paid at a lower level where:

- The health care account has been incompletely, incorrectly or inappropriately itemised.
- You have an excess to pay on your chosen level of cover.
- health.com.au believes that a patient, following a review of the case (on the basis of information provided by the hospital either internally or using an agreed independent source), is not receiving acute care after 35 days continuous hospitalisation. If this is the case, health.com.au benefits will be reduced to Nursing Home Type Patients benefits and will be paid in accordance with the default benefit determined by the Department of Health & Ageing. All Nursing Home Type Patients are required to pay part of the cost of hospital accommodation.
- The service/s is subject to a waiting period that has not been served/met.
- Professional services are provided to the provider or members of the provider's family or to a provider's business, partner's family members or any other people not independent from the practice. Family members include: wife/husband, brother/sister, children, parents, grandparents, grandchildren. If this is the case, only wholesale material costs involved in the provision of the service are subject to benefits.
- The claim is for additional medical gap benefits, where the medical service is rendered by a medical practitioner employed full-time in the public sector.

4.10. Participating providers

A participating provider is a health care provider, with whom health.com.au has entered into an agreement relating to direct billing and/or fees and benefits. health.com.au's participating private hospitals list can be obtained from the health.com.au website, but be advised it is subject to change without notice. Check with us on +61 3 1300 199 802 before confirming your hospital admission. To view the most recent list, click here.

4.10.1. Participating Private Hospitals

Customers who have taken out health.com.au's Overseas Visitors Health Cover who are admitted to a participating private hospital and have served all waiting periods are entitled to cover for accommodation, theatre, delivery suite, intensive and coronary care and other agreed hospital charges - less any excess (if applicable). Customers should present their health.com.au claims card when attending a participating private hospital.

4.10.2. Non-participating hospitals

Fixed benefits are payable for hospitalisation in non-participating private hospital. Please contact health.com.au on +61 3 1300 199 802 for further details, as treatment in a non-participating private hospital will result in out-of-pocket expenses. Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.

4.11. Public hospitals

health.com.au's Overseas Visitors Health Cover provides cover for hospital accommodation costs when you are admitted to a single or shared room (subject to bed availability).

5. Medical Gap & Gap Cover

5.1. What is Medical Gap?

When you are treated in a private hospital, you usually get a bill from the hospital, and then the doctors, surgeons, anaesthetists etc. each send you a bill separately.

health.com.au will pay a refund on these doctors accounts based on the "Medicare Benefits Schedule" (MBS). That's a list of all the different procedures that a doctor can perform in hospital, and how much Medicare believes is fair to charge for each one.

There's no rule that says a doctor has to charge exactly what Medicare thinks is fair, and often they don't. This sometimes leaves patients financially out of pocket. That's called "the gap". Basically if the Medicare scheduled fee for a procedure is $100, and your doctor charges $120, then health.com.au will pay the $100 and you'll have to pay the other $20.

In short, Medical gap is the difference between what your doctor charges and what's covered by health.com.au.

5.2. Overseas travel

health.com.au Health Insurance does not provide benefits for services or treatment received overseas.

health.com.au advises that you take out travel insurance for the set period of your travel, and that it's suitable for the destinations you're visiting.

6. health.com.au's Cover

6.1. health.com.au Overseas Visitors Health Cover

health.com.au's Overseas Visitors Health Cover provides you with cover as a private patient. Please refer to the Product Information Section for other relevant information on health.com.au Overseas Visitors Health Cover.

7. Customer Satisfaction and Private Health Information

7.1. Privacy

We value the relationship between health.com.au and our customers. An important part of this relationship is our commitment to protecting the personal information entrusted to us by our members. This commitment is documented in our Privacy Statement for Customers, which is right here:

https://health.com.au/privacy-policy/

7.2. Complaints or concerns

health.com.au thinks that honesty is the best policy, and we'd love you to share what's on your mind, so we can help resolve it.

Just so you know what to expect of health.com.au, this is the process for dealing with complaints:

7.2.1. Make a Complaint

You can make a complaint in whichever is your preferred method of communication. Writing an email is health.com.au's preferred method to fully understand the complaint before coming up with a resolution, so please email customers@health.com.au or if you prefer, visit www.health.com.au and Live Chat about it, or call 1300 199 802.

You'll receive an acknowledgement response within 2 working days. If the matter proves difficult and takes some time to resolve, health.com.au will keep you informed of progress and how it's going.

7.2.2. Unhappy with the resolution of the initial complaint

If, after receiving health.com.au's response you're still unhappy, you can request that it be brought to the health.com.au Team Leaders' attention. They'll then again review the complaint, possibly contacting you for further information, if needed, and get back to you with a response within 5 working days.

Free independent advice is available from the Private Health Insurance Ombudsman. You can contact the Ombudsman on free call 1800 640 695 or Level 22, 580 George Street, SYDNEY NSW 2000.

7.3. State of the health funds report

The Private Health Insurance Ombudsman publishes an annual State of the Health Funds Report. This independent report compares service and productivity of private health insurers and includes information on cases relating to overseas visitor health cover.

Download the report from http://www.ombudsman.gov.au/

7.4. Recommendation or endorsement

health.com.au does not offer health or medical services or advice. health.com.au does not recommend or endorse any medical practitioner, dentist, therapist, hospital, health or medical service provider, treatment, therapy or the use of any appliance or prosthetic. health.com.au does not endorse or make any representation whatsoever as to the appropriateness or effectiveness of any service or goods for which a benefit is paid. Customers should make and rely on their own enquiries, and seek any assurance or warranties directly from the provider of the service or product.

8. All about Claiming

8.1. Damages or compensation

Where you or your dependants have a right to claim damages or compensation from any other person or body, you are required to pursue that entitlement prior to lodging a claim for benefits with health.com.au. A claim should only be lodged with health.com.au if action at law is unsuccessful. A letter of denial is required. This includes WorkCover, TAC, public liability and third party claims.

8.2. Claiming procedure: How to claim with health.com.au

8.2.1. Hospital Claims

Hospital claims are paid from health.com.au direct to the hospital. You'll need to present your claims card upon admission, pay any applicable excess, and you won't need to contact health.com.au in most cases. Details of all claims paid on your behalf can be viewed in your online member area.

8.2.2. Medical Claims

Medical benefits cover your fees payable to surgeons, anaesthetists and other professionals who may bill you separately from your hospital bills. Our benefits aren't payable for services rendered when the patient is not a hospital inpatient. You'll need to forward us a copy of your invoice with a health.com.au claim form, and we'll pay benefits either directly to you, if you have already paid your doctor, or we will pay benefits to the doctor and they may issue you a bill for the gap.

9. Important Information prior to signing up

9.1. Transferring from another health insurer

You can transfer your health insurance from another health insurer to health.com.au without serving any new waiting periods provided that you:

- Have served all waiting periods or benefit limitation periods with your previous health insurer; and
- Transferred to an equivalent or lower level of cover within 30 days of your membership ceasing with your previous health insurer.

health.com.au recommends that your cover starts immediately after your previous cover ends. If your new cover with health.com.au provides higher benefits or benefits for services not covered by your previous health insurer, you'll be regarded as a new member for those higher benefits and/or additional services, and will be required to serve the waiting periods - but only for the higher benefits/additional services.

If you transfer to health.com.au from another health insurer before completing the waiting periods or benefit limitation periods with your previous health insurer, you'll need to serve the balance of the waiting periods or benefit limitation periods with health.com.au (see earlier heading 4.2 Waiting periods).

10. Confirmation of Terms and Conditions of your membership

health.com.au believes in laying it all out, so that we know where we stand.

When you signed up, you agreed to certain terms and conditions. For the record, those Terms and Conditions are printed here:

10.1. New Membership Join Process

10.1.1. Acknowledgement

In these terms, "you" or "your" refers to health.com.au Pty Ltd (ACN 152 479 975), and "I" or "my" refers to you as the Policy Holder.

By typing “yes” I acknowledge and declare that:

1. I have read and accept your terms and conditions of membership (as outlined in the Important Information);
2. I understand the conditions relating to pre-existing conditions/illnesses and waiting periods;
3. I have read and accept your Privacy Statement for Members and I consent to the use and disclosure of my personal information in accordance with this policy;
4. The information I have provided to you via my/our application for membership is true and correct;
5. The information in my/our application for membership is provided with the consent of the individual(s) to whom it relates. I confirm that I have the authority to act on behalf of the individual(s) named in my/our application and I have brought your Privacy Statement for Members to their attention;
6. I will make 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;
7. I understand that my application for membership at the payment of benefits may be declined if any of the information I have provided to you is false;
8. I understand that you have the right to accept or refuse my application for membership and upon acceptance of my application for membership I will have engaged you to provide health insurance to me in accordance with my chosen level of cover;
9. I understand that no benefits are payable until my membership payments are up to date;
10. I am responsible for this policy and I will communicate to all current and future individuals covered by it, the information contained in your terms and conditions of membership, the existence of the Fund Rules, and the fact that those terms, conditions and rules apply to all of your members; and
11. I understand that you have the right to amend your terms and conditions of membership and your Privacy Statement for Members.