

Application/renewal form

Please complete this application in CAPITAL letters. Post or fax the application to OSHC Worldcare with payment.

The plan I require is		
OSHC Worldcare: Single plan <input type="checkbox"/> Dual family plan <input type="checkbox"/> Multi family plan <input type="checkbox"/>		Internal use only Type of policy: Standard <input type="checkbox"/> Essential <input type="checkbox"/>
Commencement date of policy: ___/___/_____	Date of arrival in Australia: ___/___/_____	Length of cover required (number of months):

Please note: Family cover only applies for policies (including renewal term) commencing on or before 31 December 2011, and dual family and multi family cover only for policies (including renewal term) commencing on or after 1 January 2012.

Applicants details	
Student's name (as shown in passport):	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Family name (surname):
Given name:	Other name/s:
Date of birth: ___/___/_____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Address in Australia:	
	Postcode:
Telephone (Home):	Mobile:
Email address:	
Institution:	
Campus:	Student Number:
Do you currently hold a valid Student Visa or in the process of applying for a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Commencement Date of Student Visa: ___/___/_____	Expiry Date of Student Visa: ___/___/_____
Do you have an existing OSHC Worldcare policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give your previous policy number:
Is this a transfer from another OSHC fund? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is the expiry date of previous cover? ___/___/_____
Please list any pre-existing conditions:	

Details of spouse or dependents up to 18 years to be covered					
This section is for family policies only (including dual and multi family policies after 1 January 2012)					
Family name (surname):	Given name:	Other name/s:	Date of birth:	Gender:	Pre-existing conditions:
1.			___/___/_____	M <input type="checkbox"/> F <input type="checkbox"/>	
2.			___/___/_____	M <input type="checkbox"/> F <input type="checkbox"/>	
3.			___/___/_____	M <input type="checkbox"/> F <input type="checkbox"/>	
4.			___/___/_____	M <input type="checkbox"/> F <input type="checkbox"/>	
5.			___/___/_____	M <input type="checkbox"/> F <input type="checkbox"/>	

Payment options

You have the following payment options: credit card, money order or a cheque drawn on an Australian bank in Australian dollars. Please select below your preferred payment option:

<input type="checkbox"/> Credit card Please fill out the payment authority below.	<input type="checkbox"/> Money order Please attach your money order.	<input type="checkbox"/> Cheque Cheque must be drawn on an Australian bank in Australian dollars. Please make money orders and cheques payable to 'OSHC Worldcare'.
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Payment authority – credit cards only

Please debit my: Visa Mastercard Amex Diners

Card no:

Card holder's name: _____ Expiry date on card: ____/____/____

Signature: _____

Please read and sign (all students need to complete signed form)

I/we declare and warrant that the answers and intentions supplied in this application are true and correct and that I/we have not withheld any information likely to affect the decision of the insurer in accepting my/our application for insurance. I understand that a waiting period of 12 months will apply for all pre-existing medical conditions. I further understand that other waiting periods (including 12 months for pregnancy related conditions) may also apply depending on my cover. I further understand that other waiting periods may apply depending on my cover and that the applicable waiting periods are set out in the policy documents. For medical and hospital assistance or claims, I/we further agree that OSHC Worldcare may obtain details from any health care provider or my/our medical history on my/our behalf. I consent to the use and disclosure of my information as specified under the heading **protection of your personal information** below.

Signature: _____ Date: ____/____/____

Protection of your personal information

The information that you provide is collected for the purpose of issuing you with OSHC Worldcare insurance, determining any claims you may make on this policy and otherwise managing your policy (including complying with regulatory requirements in relation to OSHC). The information may be disclosed to education providers, health fund providers, underwriters, marketing and service provider intermediaries, government departments, medical practitioners, claim assessors, investigators, medical assistance providers, associated companies, hospitals and other international assistance providers in the course of providing these services and managing your policy, including to the Department of Immigration and Citizenship in the event that you receive a premium refund for whatever reason or cancel your OSHC policy. By applying for this insurance you also agreed, in respect of any claim, to allow us to provide details of your cover and other information from any healthcare provider who provides you with treatment in order to process your claim.

OSHC Worldcare advises that the information will only be used for those purposes. If you would like to gain access to any of the information you have provided please contact OSHC Worldcare.

Please return completed form to:

OSHC Worldcare
 Locked Bag 3001
 Toowong QLD 4066
 Phone: 13 OSHC (13 6742)
 Fax: +61 7 3305 7009
 Email: oshc@allianz-assistance.com.au