

1. This Application is to: *Tick appropriate box*

Join Phoenix Health Fund

Add/Change Dependant.....

Change My Cover

Phoenix Member Number (if currently a member)

Transfer from Another Fund (complete attached transfer form)

Previous fund name

Previous fund phone

Previous fund member number

2. Please use BLOCK LETTERS

Title	Surname	First Name
Second Name	Date of Birth	M/F
Home Address – Number & Street		
Suburb & State		Postcode
Postal Address (if different from above)		
Suburb & State		Postcode
Ph: Home	Ph: Work	Ph: Mobile
Email Address		

3. Dependants – Please use BLOCK LETTERS (advise in writing of additional dependants)

Family Name	Given Names	Relationship	Date of Birth	M/F	Where student dependant is 21 years or over, state name of School/College/Uni
1.					
2.					
3.					
4.					
5.					

4. Type of Cover: *Select one*

TOP COVER COMBINED			Select Pmt Frequency <i>circle one only</i>		
Single	Family	Single Parent Family	Wkly	Mthly	Qtly
Amount \$	\$	\$			
YOUNG SAVERS					
Single	Family	Wkly	Mthly	Qtly	
Amount \$	\$				
Please complete Point 8 – YoungSavers checklist					
TOP HOSPITAL					
Single	Family	Wkly	Mthly	Qtly	
Amount \$	\$				
ANCILLARY					
Single	Family	Wkly	Mthly	Qtly	
Amount \$	\$				

Please complete 30% Rebate Form if claiming rebate (see over).

5. Payment Method: *Tick one*

Monthly Direct Debit (*please complete form*)

Quarterly Account (*by cheque, credit card or BPay*)

Payroll Deductions (*eligible companies only*)

Company/Division Details

Co. Name:

Co. Address:

Payroll Number:

Pay Frequency Weekly Fortnightly Monthly

6. Member Eligibility: *Specify reasons for eligibility*

Current Employee of:

Former Employee of:

Immediate Family Member of current/former employee

Employee's Name:

7. Declaration

- I declare that these statements are true and complete and agree to be bound by the rules of Phoenix Health Fund Ltd and the determinations of the Board.
- I have read and understand the rules relating to WAITING PERIODS and PRE-EXISTING CONDITIONS / AILMENTS and understand the fund may refuse payment of benefits if any of the details supplied herein are false in any respect.
- I authorise the deduction from my wages of contributions for the table nominated, as may be varied from time to time. Where payroll deductions are not available I agree to pay contributions in advance, until membership is cancelled by me in writing.
- I agree to make any changes to my payment method in writing.
- I consent to collection by the fund of the information in this form and other personal and health information required to be collected in connection with the policy, and consent to its use and disclosure by the fund in connection with the policy.
- I have read and understood the terms and conditions of my Phoenix Health Fund policy.

Date Effective
 or date Change effective

Signature of Applicant

Date Signed

8. Phoenix YoungSavers & FamilySavers Hospital Restrictions

Restricted Hospital Services

Tick

Cardiac – Cardio/Thoracic – Vascular.....

Joint Replacements.....

Major Eye Surgery – Cataract, IOL Surgery.....

Dialysis.....

Rehabilitation.....

Palliative Care.....

Obstetrics.....

Assisted reproductive services e.g. IVF/GIFT etc.....

Psychiatric.....

Excluded Hospital Services

Tick

Cosmetic Surgery – no benefit payable.....

Hospital Excess

Tick

Same Day Hospital \$250.....

Overnight Hospital \$500.....

I acknowledge that ALL of the restrictions and excesses listed above apply to *YoungSavers* cover.

1. I have read the information on the Phoenix *YoungSavers* "Hospital Excess" and "Restricted Services" and I understand that MINIMAL private hospital coverage is provided for the services listed under this category.
2. I understand if I am admitted to a private hospital requiring one of these "Restricted Services" I will have a very large out-of-pocket expense.
3. I have ticked each Excess and Restricted Service category listed to confirm I agree with these conditions.

Signed

Please also complete and sign Declaration at Point 7.

for OFFICE USE ONLY

No. Cov	Scale	Grp	Serve Qual?
Date Join		Date Paid to	T.P.T.