

Application Form

Please complete and return this form with evidence of your visa and passport, to any HBA or Mutual Community branch, email to oshc@bupa.com.au or post to **Bupa Australia OSHC, 600 Glenferrie Road, Hawthorn VIC 3122 Australia.**

Your details

Title: _____ Given name(s): _____
Family name: _____ Date of birth: ____ / ____ / ____
Gender: Male Female

Your contact details in Australia

Street address: _____
Postcode: _____ State: _____
Home telephone number: _____ Mobile telephone number: _____
Email address: _____

Your passport visa details

(Please attach a copy of your visa and passport photo page)

Date of arrival in Australia: ____ / ____ / ____ Student Visa number: _____
Student Visa type: _____ Visa start date: ____ / ____ / ____ Visa finish date: ____ / ____ / ____

University/school details

Name: _____ Address: _____
Postcode: _____ State: _____
Student number: _____

Partner's details

Title: _____ Given name(s): _____
Family name: _____ Date of birth: ____ / ____ / ____
Gender: Male Female

Dependant/s details

Dependent 1	Given name(s):
Family name:	Date of birth: ____ / ____ / ____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:
Place of study:	Study completion year:

Dependent 2	Given name(s):
Family name:	Date of birth: ____ / ____ / ____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:
Place of study:	Study completion year:

continued overleaf



Dependant/s details continued

Dependent 3	Given name(s):
Family name:	Date of birth: / /
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:
Place of study:	Study completion year:

Your cover option

(It's a requirement of your Student Visa that you have OSHC for the length of your study stay in Australia)

Length of OSHC cover required (months): _____ Extras cover:* _____
Membership Type: Single Family Start date of OSHC cover: _____ / _____ / _____

* Please see website overseasstudenthealth.com for details on Extras Cover.

Payment options

Please follow the instructions below if you wish to pay by money order:

Please mail a money order with this completed form to:
Bupa Australia OSHC, 600 Glenferrie Rd, Hawthorn, Vic, 3122

Please complete the following if you wish to pay by credit card:

Card number: _____ Card type: Visa Mastercard Card expiry date: _____ / _____

Important information

The following information is provided as a guide to your cover. Before undergoing any treatment you should call us first on 1800 888 942 within Australia (or +61 2 9461 3850 if calling from outside Australia) for complete and up-to-date information on your cover and benefits.

Pre-existing condition rule: We will not pay benefits for treatment given to you or a dependant in the first 12 months after your arrival in Australia, where that treatment is for a medical condition you had before you arrived. We will, however pay benefits where we and a medical practitioner agree that you or your dependant require emergency treatment for a life threatening condition in Australia.

I have read and agree to all the terms and conditions outlined above.

Your health and personal information: Your privacy rights are important to you and Bupa Australia. We'll only collect health and personal information about you and others on your membership that's necessary for the purposes of providing the appropriate health cover and verifying that it has been provided according to law and with our policies. This may include health information collected about you from health service providers. If the information you give us is not complete or accurate, we may not be able to provide you with the health cover you request. Bupa Australia may need to disclose your health or personal information to other parties, such as health care providers and associations, business partners, government authorities, other health funds or other industry bodies. We may also use information for internal purposes such as staff training, claims auditing and compliance monitoring.

If you're the owner of the membership, you're responsible for ensuring everyone on your membership is aware that Bupa Australia may collect, use and disclose their personal and health information for the purposes of providing their cover and verifying that appropriate benefits are paid. Each person on the membership aged 17 and over must download, complete and return a 'Keeping it Confidential' form indicating their preferences regarding who should receive information about their personal claims. If not completed, all claim information will be sent to the individual it relates to. All cheques and non cash payments will be sent to the owner of the membership.

You're entitled to request reasonable access to your personal and health information. Bupa Australia reserves the right to charge an administration fee for collating such information. If you or any other person on your membership does not consent to the collection or the way we use and disclose personal and health information, we may not be able to provide you with cover. This is your consent to receive telemarketing calls from us for an indefinite period. We may contact you about new products or special offers. If you do not wish to receive this information you can opt out by calling 1800 888 942.

I accept the rules of Bupa Australia as set out on overseasstudenthealth.com and I understand the conditions regarding the pre-existing condition rule, waiting period and exclusions. I hereby declare that the information provided is true and correct. I have read and understood, and have made the other people on this application aware of, the information in the privacy information above. I acknowledge that, where practicable, information is provided with consent of the individual to whom it relates and I confirm that I have the authority to act on behalf of the persons named on this application form. I hereby authorise Bupa Australia to obtain details of any previous membership on my behalf from other health funds as applicable.

Signed: _____ Date: _____ / _____ / _____

