

# The Doctors' Health Fund

Private health insurance for  
the medical community



## Application and Membership Changes

### Ready to join?

Completing and posting the application to our reply paid address is the most convenient way to start your membership. In one step you can provide the signed authority to allow us to organise things for you:

- your transfer from another health fund
- set up automatic payments, if you wish
- set up faster payment of claims, direct to your account
- register you for the 30% government rebate, and
- set up your membership so you pay only 70% of the contribution rate

Before you fill out your application, please read our brochure, check your eligibility to be a member and the rates for your State of residence. When selecting your health cover read the full product description in the brochure or on the website carefully, and retain a copy of the product descriptions for your records.

**Post your application to:**

The Doctors' Health Fund Ltd  
Reply Paid 482  
St Leonards NSW 1590  
(no stamp is required)

Once your membership starts, a 30 day cooling off period commences. During this time you can choose to cease your membership, or if you have increased your cover you can revert to your previous level of cover, and we will refund the contributions you paid. Of course, if any claims have been paid they will be deducted from the contributions before they are refunded.

# Application and Membership Changes



## The Doctors' Health Fund Limited

ABN 68 001 417 527 PO Box 482 St Leonards 1590 t. 02 9438 2022 **freecall** 1800 226 126 f. 02 9437 9326  
w. [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au) e. [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au)

### I am applying to: Please tick appropriate boxes

- Join The Doctors' Health Fund  
 Add a dependent to my membership  
 Change my level of cover  
 Change other membership details

### I qualify for membership of The Doctors' Health Fund in the following category, please tick appropriate box

- Doctor, medical student, overseas trained doctor registered for AMC exams   
 Employee of a medical practice or association   
 The partner, child, grandchild, parent, sibling, former partner, or the partner of an adult child of a person in the above categories

### Personal details Please print clearly

Existing Membership No. (if relevant)  Date of Birth  Gender

Title  Surname  Given Names

Phone: Business  Home  Mobile

Street Address

Suburb  State  Postcode

Mailing address (if different from above)

Suburb  State  Postcode

Email

I hereby authorise The Doctors' Health Fund Limited to give  access to my membership. This will enable them to make enquiries and changes to the policy with the exception of cancelling the policy.

### Dependents Your partner and any additional family members to be covered

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Surname				
Given Names				
Date of Birth	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>
Sex	<input type="text" value="Male / Female"/>	<input type="text" value="Male / Female"/>	<input type="text" value="Male / Female"/>	<input type="text" value="Male / Female"/>
Relationship to you				
Student dependent cover where the student dependent is 21 years or over				
Name of school/college/university				
Please tick those dependents who need a Fund card for electronic claiming of extras services				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Existing medical conditions

If you or any dependents listed on this form have any existing medical conditions/ailments please advise us of the details below. If you require further space please provide details on a separate piece of paper and attach to this form.

### Your cover requirements

Please read the product information in our brochure or on our website carefully, and retain a copy of the information about the products you select in your health insurance records.

#### Hospital Cover

- Top Cover  
 Prime Choice: no excess  Prime Choice: \$250 excess  Prime Choice: \$500 excess  Prime Choice: \$1000 excess  
 Smart Starter: \$500 excess  Smart Starter: \$1000 excess

#### Ancillary Services Cover

- Total Extras  Essential Extras



