



# UNEMPLOYMENT BENEFITS FORM

Please read the 'Requirements and Terms and Conditions for Unemployment Benefits' outlined below before completing and signing this form.

## Personal details of main income earner

Membership number

Family name  Given name (s)

Address  State  Postcode

Telephone number ( )  Date of birth

Are you the main income earner? (please cross appropriate box)  Yes  No

## Section 1: Particulars of employment

Trading name of last employer

Address of last employer  State  Postcode

Telephone number of last employer ( )

State the period of employment with last employer from  to

On what basis were you employed (please cross appropriate box)  Full-time  Permanent part-time (i.e. involving a minimum of 20 hours per week)  Casual  Seasonal  Temporary

For a specified time only  Other (please specify)

What date did you cease your last employment

Please state your reasons for leaving your last employment

Have you recommenced employment?  Yes  No if YES, please advise commencement date

## Requirements and Terms and Conditions for Unemployment Benefits

1. Must be a Bupa member for the preceding twelve months on Ultimate Health Cover, Top Hospital, Hospital Cover with Excess Bonus Plus, Hospital Cover with Excess Bonus or Hospital Cover with Excess.
2. Must be the main income earner prior to being retrenched or redundant.
3. Must have lost full-time employment through involuntary retrenchment or redundancy.
4. Main income earner must have been continuously employed for at least six months prior to retrenchment or redundancy.
5. The period of unemployment must be within the last twelve months.
6. Must pay health contributions one month forward from retrenchment/redundancy date.
7. Supporting documentation from your last employer must be provided. Please supply a photocopy of your separation form. Completion of this form and ongoing documentation is required quarterly before payment is made Eg Statutory Declaration/Centrelink.
8. Only one unemployment claim can be made per lifetime of the membership.

## Section 2: Privacy – Use and disclosure of personal information

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For full details about our information handling practices, please refer to our Information Handling Policy, available at [bupa.com.au](http://bupa.com.au). The information you provide on this form will only be used to determine your eligibility for unemployment benefits, and for related purposes. Bupa may disclose your personal information (as the context requires) to our related entities, or to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If you do not consent to the way we handle personal information, or do not provide us with the information we require, we may be unable to provide you with the products and services you are requesting. You are entitled to reasonable access to your personal information, by contacting us. We reserve the right to charge a fee for collating such information.

## Section 3: Declaration of member

I acknowledge that I have read and understood the 'Requirements and Terms and Conditions for Unemployment Benefits' outlined above.

I authorise any person who has employed me to furnish Bupa with any information which may be required in respect to this notification.

Policyholder's signature

Date

