

# OVERSEAS STUDENT HEALTH COVER APPLICATION TO SUSPEND YOUR MEMBERSHIP



1. Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE**.
2. Please complete all details that are relevant to you on all pages of this form.
3. Read the declaration and sign the signature panel.

## SECTION A: Your details

Bupa membership number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Male  Female

## SECTION B: Contact details

Residential address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home phone number (including area code)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mail address (if different from residential address)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address (If you would like to be kept up-to-date via email with our news and services when available, please fill in your email address).

Contact in Australia while you are overseas

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Contact's address

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Email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact's phone number

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## SECTION C: Period of suspension

Is everyone on the membership travelling?

Yes  No (if no, please contact us)

Date of departure

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Expected date of return - recommencement

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If all suspension criteria has been met, your membership will automatically recommence on the day prior to your expected date of return. If return date is unknown a maximum suspension period of nine months applies. Early recommencement of your membership can be processed after sighting proof of your return date (if within three months).



## SECTION D: Important information and suspension guidelines

The following information is to be used as a guide only and is not exhaustive. For more information, please contact us.  
**Please copy this section for your records.**

### Criteria for suspension:

- The policyholder must have been a member of Bupa Australia for at least two continuous months.
- Application for suspension of membership is to be completed by the policyholder.
- Membership must be financial at the time of suspension.
- A completed Suspension form is required (where call recording is not available) before departure to apply for a suspension of cover.
- Suspension applies to the whole policy (all levels of cover held) and the whole membership and all the individuals on that membership.
- The decision to suspend your membership is at the discretion of Bupa Australia.

### Suspension periods:

- The minimum period of suspension is one month.
- The maximum period of suspension is nine months.
- The maximum number of overseas suspensions is three times per calendar year.
- If a return date is unknown, the maximum suspension period of nine months applies for overseas travel.
- Suspension periods will not count towards waiting or restricted benefit periods.

### Resuming your cover:

- The effective date of resumption of your membership is the day prior to your arrival in Australia (or nine months from the date of suspension if your return date was not known).
- Members have 14 days upon returning to Australia to resume their membership by presenting travel documentation to support their return date. Relevant documents include itineraries, tickets, etc.

### Claims:

- Claims will not be paid for services rendered during the suspension period.

### Applying for suspension:

- Policyholders can apply for suspension by completing this Overseas Student Health Cover Suspension application form.

## SECTION E: Declaration, Acknowledgement and Authority

I have read, understood and agree to the terms of suspension listed in Section D, which must be met in order to suspend my membership. I acknowledge that Bupa Australia Pty Ltd may require proof of my intended/actual travel dates in order to verify eligibility for suspension of my membership. I understand that my membership must be financial at the date of the departure/suspension.

### Privacy

The information on this form is required for the purposes of assessing and administering your application. If you do not provide all of the information we reasonably request, we may be unable to consider your application. All information collected will be handled in accordance with Bupa's *Information Handling Policy*, available at [bupa.com.au](http://bupa.com.au) or by contacting us on **134 135**.

Policyholder's signature

Date

## Just before you send



Check that you have signed all the signature boxes relevant to your application, including the declaration above.

**PLEASE DO NOT STAPLE.**

Please mail your application to:

**Bupa GPO Box 9809 BRISBANE QLD 4001**

If you would like any assistance, please call us on **1800 888 942**.

Bupa Australia Pty Ltd ABN 81 000 057 590

### OFFICE USE ONLY

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