# Application to Register a Student Dependant

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 all the relevant signature panels.
4. You can mail your application to us, drop by a Bupa centre or join online at bupa.com.au.

## SECTION A: Your details

Bupa membership number

Surname

First name

Initial Title Date of birth (D D M M Y Y) X Male X Female

Residential address

Postcode

Home phone *(including area code)*

Work Phone *(including area code)*

Mobile

Email

**Note:** *The person named above has legal responsibility for the membership and for ensuring that premiums are kept up-to-date. All membership correspondence will be directed to this person unless indicated otherwise.*

## SECTION B: Student's details

Student's surname

Student's first name

Date of birth (D D M M Y Y) X Male X Female Age

Name of college or university and location

Expected date of completion of studies for this year (D D M M Y Y)

Student's surname

Student's first name

Date of birth (D D M M Y Y) X Male X Female Age

Name of college or university and location

Expected date of completion of studies for this year (D D M M Y Y)

*For additional students, please attach their details on a separate piece of paper.*

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Bupa HI Pty Ltd
ABN 81 000 057 590

## SECTION C: Important information

**Note:** *Students living overseas are advised to seek health cover in the country where they are studying as Benefits will not be paid for services rendered outside of Australia.*

If the student is being rejoined as a dependant under your Family membership, when did/will he/she recommence the course? D D M M Y Y

If the student currently has his/her own Bupa membership, it will be cancelled from the date they recommence on your membership.

## SECTION D: Declaration

**Privacy Statement**

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices, please refer to our Information Handling Policy, available on our website or by calling us. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and 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 are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 15 or over may complete a *'Keeping your personal information confidential'* form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

**I declare that:**

If I am an overseas visitor, the child* identified in section B is not married or in a de facto relationship, aged 21-24 years inclusive and is undertaking full-time study at school, college or university and is fully or partially maintained by myself and/or my spouse and:

- is not in receipt of a taxable income from the school, college or university; and
- not in receipt of an invalid pension or disability allowance.

Or

If I am an Australian citizen, the child* identified in section B is not married or in a de facto relationship, aged 21-31 years inclusive and is undertaking full-time study at school, college or university and is fully or partially maintained by myself and/or my spouse: and

- is not in receipt of a taxable income from the school, college or university; and
- not in receipt of an invalid pension or disability allowance.

I understand that this registration applies for the current calendar year and that, if the above conditions no longer apply during this year, registration ceases from that date and I will notify Bupa immediately.

**Note:** *Bupa reserves the right to verify eligibility for registration.*

Policyholder's signature

Date D D M M Y Y

* *Child includes adopted, foster, step-children and children over which you are granted guardianship by a court of law. You will be required to provide evidence that such a child registered on your membership meets this description.*

## Just before you send

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

Please mail your application to:

**Bupa Health Insurance GPO Box 4338 Melbourne VIC 3001**

Alternatively, you can drop by a Bupa Health Insurance store.

If you would like any assistance, please call us on **134 135**.

Bupa HI Pty Ltd ABN 81 000 057 590

**OFFICE USE ONLY**

Document name

Consultant

Session ID

102270513S