Application to register a foster or adopted child as a 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 signature panels required.

SECTION A: Your details

Bupa membership number

Surname

First name

Initial Title

Date of birth D D M M Y Y

Male X

Female X

Residential address

Postcode

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 the policyholder unless indicated otherwise.*

Home phone *(including area code)*

Work phone *(including area code)*

Mobile

Email

SECTION B: Foster or adopted child's details

Surname

First name

Date of birth D D M M Y Y

Male X

Female X

For a foster child, date from when parental responsibility applies D D M M Y Y

For an adopted child, date of legal adoption D D M M Y Y

Note: *If adoption is pending, please provide a letter from Department of Family Services stating that it is an interim adoption or that an adoption is pending.*

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Bupa HI Pty Ltd
ABN 81 000 057 590

SECTION C: 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 I am wholly responsible for the child's upkeep and medical expenses; however, for any expenses incurred due to pre-existing health conditions, infirmities or ailments which may require medical attention, I will firstly apply to the Department of Community Services for assistance with these expenses. If the child passes from my care, or earns or receives or becomes entitled to income or a living allowance and therefore can no longer be considered to be an eligible dependant, I will inform Bupa immediately. I further declare that all details on this form are true and complete, and that I have not withheld any information which should be disclosed.

Note: *Bupa reserves the right to verify the eligibility for registration and to accept or cancel registration for any reason.*

One or more of the following legal documents must be provided for Bupa to consider the registration of a foster child:

- a letter from the Department of Family and Community Services confirming the member has parental responsibility for the child and has been recognised as an approved carer of the child
- a letter from the 'case worker' outlining that the member has parental responsibility.

One or more of the following legal documents must be provided for Bupa to consider the registration of an adopted child:

- adoption papers
- a letter from the Department of Family Services.

For any expenses incurred **for a foster child** due to pre-existing health conditions, infirmities or ailments, which may require medical attention, I will firstly apply to the Department of Community Services for assistance with these expenses.

Policyholder signature

Date D D M M Y Y

Just before you send

X 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 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

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