Unemployment Benefits form

SECTION A: Requirements and Important Information for Unemployment Benefits

Please read and check the following requirements before completing and signing this form:

- [X] I lost my full-time employment in the last 12 months through involuntary redundancy or retrenchment as outlined on my Employment Separation Certificate.
- [X] I was employed on a full-time basis for at least six months with the same company prior to involuntary retrenchment or redundancy.
- [X] I am not a contractor or in self-employment.
- [X] I was the main income earner prior to becoming redundant/retrenched.
- [X] I have paid or will pay health insurance premiums one month in advance from retrenchment/redundancy date.
- [X] This is the first time that I am claiming unemployment cover.
- [X] For at least 12 consecutive months prior to my unemployment date, I have had continuous cover with Bupa on one of the following Health Insurance products:
  - Gold Ultimate Health Cover
  - Gold Hospital
  - Silver Plus Hospital
  - Hospital Cover with Excess – Gold
  - Top Hospital Cover with Excess Bonus – Gold
  - Top Hospital with Co-payment – Gold
- [X] I am able to provide proof of unemployment such as Centrelink documents or Statutory Declaration every three months.*
- [X] I have attached my Employment Separation Certificate from my last employer.

In addition to the above requirements, Bupa's conditions for Unemployment benefits are set in line with The Department of Human Services' Employment Separation Certificate. That is, unemployment benefits can only be paid if unemployment results from involuntary redundancy or retrenchment, as per your Employment Separation Certificate.

* The statutory declaration should include the details of the redundancy/retrenchment including the separation date, reference to continuing unemployment and acknowledgement of actively seeking work.

SECTION B: Personal details of main income earner

Existing Bupa membership number

Surname

First name

Residential address

Postcode

Home phone *(including area code)*

Mobile

Email

Initial | Title | Date of birth (D D M M Y Y) | Sex (M/F)

Are you the main income earner? *(please cross appropriate box)* [X] Yes [X] No

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Bupa HI Pty Ltd
ABN 81 000 057 590

SECTION C: Particulars of employment

Trading name of last employer

Address of last employer

Postcode

Telephone number of last employer *(including area code)*

State the period of employment with last employer

From D D M M Y Y

To D D M M Y Y

Were you employed on a full-time basis?

X Yes X No

What date did you cease your last employment?

D D M M Y Y

Please state your reasons for leaving your last employment?

Have you recommenced employment? X Yes X No

If YES, please advise commencement date D D M M Y Y

SECTION D: Privacy – Use and disclosure of personal information

Privacy Statement

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. 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, any person or entity that underwrites, issues, arranges or administers Bupa's Group policy for unemployment benefits, and any other 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 E: Declaration of customer

I acknowledge that I have read and understood Section A 'Requirements and Terms and Conditions for Unemployment Benefits' outlined on this form. I authorise any person who has employed me to furnish Bupa with any information which may be required in respect to this notification.

I declare that: my typed name stands as my signature for the purposes of this form.

Applicant's signature

Date

D D M M Y Y 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

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