



## 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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