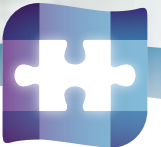


*Health Insurance
Assessment and
Consulting Services
for people applying
for or holding an
Australian Temporary
Working Visa*



 **Gallagher**
Insurance | Risk Management | Consulting


hica
high on care, low on cost

Health Cover Assessment for holders and applicants of an Australian Temporary Working Visa



MY CURRENT DETAILS

Name:	Title	First name	Initial	Family name			
Postal address:							
Suburb:				State:	Postcode:		
Date of birth:	Day	Month	Year	Occupation:	Country of origin:		
Telephone (home):	Country code	Area code	Telephone number	Telephone (work):	Country code	Area code	Telephone number
Mobile/Cell:				Email:			
Intended/address in Australia:							
Suburb:				State:	Postcode:		

MY SPOUSE'S DETAILS (IF ACCOMPANYING YOU TO AUSTRALIA)

Name:	Title	First name	Initial	Family name	
Date of birth:	Day	Month	Year	Occupation:	Country of origin:
Email:					

MY DEPENDANT CHILDREN (IF ACCOMPANYING YOU TO AUSTRALIA)

Please provide details of dependent children to be covered by your Private Health Insurance:

Given name:	Gender:	Date of birth:	Full time student:	If yes, name of Australian school/university:
		Day / Month / Year	Yes / No	

MY VISA DETAILS

Visa type:	Description	Date of arrival in Australia (if known):	Day	Month	Year
Visa code:		Visa status:			
Occupation:		Sponsor/Nominator (if applicable):			
Employer:		Are you contracting?	☐ Yes	☐ No	
Who is responsible for funding your health insurance premium payments? ☐ Yourself ☐ Your employer / sponsor ☐ Other (please specify)					
Intended length of visit: ☐ 1-6 months ☐ 6-12 months ☐ More than 12 months					
Do you intend to apply for permanent residency? ☐ Yes ☐ No ☐ Unsure					

CURRENT HEALTH COVER

Name of health fund/insurer:		Day	Month	Year
Country in which cover held:		Finish date of cover:		



PRE EXISTING CONDITIONS

Do you or family member(s) (if applicable) have any pre existing conditions or ailments?

☐ No - an Existing Ailment does not affect myself and/or accompanying family member

☐ Yes - an Existing Ailment affects myself and/or an accompanying family member

If "Yes" please provide details:

MEDICARE DETAILS

What is your Australian Medicare entitlement?

☐ No entitlement

☐ Blue Card - an Interim Medicare Card

☐ Yellow Card - a Reciprocal Medicare Card

☐ Not sure

MY HEALTH COVER

I require my cover to be: ☐ Single ☐ Couple ☐ Family (with dependant children)

Date cover to commence from (if known): Day / Month / Year Finish date of cover: Day / Month / Year

HOSPITAL AND MEDICAL COVER

I require cover for: ☐ Hospital costs and inpatient and outpatient medical services

☐ Include maternity / obstetrics services

☐ Pharmaceuticals (out of hospital private scripts)

☐ Include cover for pre existing conditions (waiting periods apply)

ANCILLARY COVER

Ancillary Cover provides rebates towards costs incurred for para-medical treatment including dental, physiotherapy, chiropractic, spectacles and contact lenses. This section aims to identify your specific needs and the relative importance of a range of services to meet those needs.

Do you require Ancillary Cover? ☐ Yes ☐ No

If "Yes" please indicate the importance of the services below by placing a tick in one of the boxes adjacent to each service.

SERVICE	USE A LOT	USE A LITTLE	RARELY USE	NEVER USE	SERVICE	USE A LOT	USE A LITTLE	RARELY USE	NEVER USE
General Dental	☐	☐	☐	☐	Pharmacy	☐	☐	☐	☐
Major Dental	☐	☐	☐	☐	Dietetic	☐	☐	☐	☐
Orthodontic	☐	☐	☐	☐	Naturopathy/Acupuncture	☐	☐	☐	☐
Optical	☐	☐	☐	☐	Podiatry	☐	☐	☐	☐
Physiotherapy	☐	☐	☐	☐	Other (please specify)				
Chiropractic/Osteopathy	☐	☐	☐	☐					

SPECIAL REQUIREMENTS

Please list any special requirements/health care needs.

RETURNING YOUR FORMS

Your completed forms can be returned to HICA via email to the following:

client.services@hica.com.au

WE RESPECT YOUR PRIVACY

Health Insurance Consultants Australia Pty Ltd (HICA) is committed to complying with the Privacy Amendment (private sector) Act 2000 requirements introduced in Australia during December 2001.

<https://www.ajg.com/au/global-privacy-notice/>