

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



hica

high on care, low on cost



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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Name of health fund/insurer: If cover is no longer current, please advise: Yes No Unsure

Country in which cover held: Finish date of cover: Day / Month / Year



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

Include cover for pre existing conditions (waiting periods apply)

Include cover to avoid Medicare Levy Surcharge (learn more)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naturopathy/Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="text"/>			
Chiropractic/Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

SPECIAL REQUIREMENTS

Please list any special requirements/health care needs.



RETURNING YOUR FORMS

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

Post HICA
PO Box 1000
Templestowe VIC 3106
Australia

Email overseas.services@hica.com.au

Phone +61 3 9439 9888



WE RESPECT YOUR PRIVACY

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.

As a client of HICA, we will collect personal information for the following purposes:

- The preparation of your Health Insurance Assessment
- The provision of Health Insurance advice to you
- Enrolment of your selected Health Fund or Funds

We are required to collect sufficient information to ensure that we provide the appropriate services to meet your needs and requirements. Our ability to provide you with advice and service is reliant on us obtaining certain personal information about you.

While you are not obliged to provide us with the information requested, if you do not, we may be unable to provide you with the level of service and advice you require and expect from us.

We may from time to time disclose information about you to organisations with which we contract certain services, such as assisting us with the logistics of document distribution and Health Funds. These organisations are bound by the

FURTHER ASSISTANCE

HICA can assist you to source providers of a wide range of general insurance services and products to assist you for your time in Australia. If you'd like further information about any of the following products or services, please indicate and we can provide you with contact details of professionals who can assist.

I would like further information regarding:

- House Insurance
- Contents Insurance
- Jewellery Insurance
- Car Insurance
- Boat Insurance
- Pet Insurance
- Commercial Insurance
- Trades Persons Insurance
- Tax Audit Insurance
- Mortgage Protection
- Life Insurance
- Superannuation
- Income Protection Insurance
- Funeral Insurance
- Financial Planning Services

Would you like to be contacted about your planned move to Australia?

Yes No

provisions of an appropriate Privacy Policy. We may also be required under law to disclose relevant information.

In the event we consider it necessary to use or disclose information about you for purposes other than those detailed above, or a related purpose, we will seek your consent.

HICA recognises how important the privacy of your personal information is to you. We will therefore, at all times, seek to ensure that the personal information collected and held by us is protected from misuse, loss, unauthorised access, modification or disclosure.

If you believe that the personal information we hold about you may be incorrect, please contact us and we will take all reasonable steps to correct the information.

You are able to obtain access to the information which we hold about you by contacting us.

Health Insurance Consultants Australia Pty Ltd (HICA) has a detailed Privacy Policy which is available to you on request.

The Information contained in this publication is a summary only and is based on the requirements of the Privacy Amendment (Private Sector) Act 2000 and the National Privacy principles issued September 2001.