Welcome to Australia, we hope you enjoy your stay. Australia has a high quality, accessible healthcare system but unexpected healthcare costs can be stressful, so being covered in case of illness, accident or health issues is important.

COVER THAT PUTS YOUR HEALTH FIRST
Australia’s public healthcare system is called Medicare. As a visitor, you may not have access to the Medicare system, which means you must pay for all of your medical bills.

Visitors from certain countries can receive Medicare benefits for some treatments under what are called Reciprocal Health Care Agreements (RHCAs). These agreements provide some subsidised health services to visitors from these countries when they are in Australia.

At the time of printing the Australian Government has signed agreements with:
• Belgium
• Finland
• Italy
• Malta
• New Zealand
• Norway
• Slovenia
• Sweden
• The Netherlands
• The Republic of Ireland
• The United Kingdom.

You can check if your home country has an agreement with Medicare at hcf.com.au/overseas or humanservices.gov.au

You will need private health insurance to help pay the costs of hospitalisation and doctors’ fees in and outside hospital.

Private health insurance not only protects you from unwanted health care bills, it gives you more control over your options if you require medical or health related treatment.

HCF’s Overseas Visitors Health Cover provides broad level, private patient hospital cover for overseas visitors and exceeds the minimum requirements for health insurance for 457 visa applicants - as defined by the Department of Immigration.

Our Hospital Cover provides treatment in a private or public hospital, with your choice of doctor or specialist and greater access to elective surgery.

To be covered for services like dental, optical and therapies (e.g. physiotherapy, chiropractic), we offer different levels of extras cover:
• Basic Extras
• Lifestyle Essentials
• Active Lifestyle
• Lifestyle Plus
• Ultimate Extras.

OVER 1.5 MILLION AUSTRALIANS CHOOSE HCF

WHO CAN BE COVERED?
You can take out HCF Health Cover if you are:
• On visas:
  - 401 Temporary work - Long Stay
  - 402 Training and Research visa
  - 403 Temporary Work - International Relations
  - 416 Seasonal Worker Program
  - 420 Temporary Work - Entertainment
  - 580 Student Guardian
  - 457 Temporary Work (Skilled)
  - 485 Temporary Graduate Visa
  • On any other visa that gives you the right to work in Australia
  • A consulate member here for diplomatic purposes.

You cannot get this cover holding a:
• Student visa
• Tourist visa or
• Retiree visa not listed on this page.

Three easy ways to contact us
CALL US 13 13 34
Mon - Fri 8am - 8pm AEST
Sat - Sun 9am - 5pm AEST

VISIT A branch

GO TO hcf.com.au

An award-winning local call centre, 50+ branches nationwide and great online resources.
**WHAT YOUR HEALTH COVER PROVIDES**

**TREATMENT IN HOSPITAL**
We pay benefits for hospital and medical services including:
- Accommodation in a public or HCF participating private hospital (excludes private room accommodation for same day procedures and private hospital emergency room and out-patient fees)
- Theatre fees
- Special care unit (e.g. intensive care, coronary care, neo-natal intensive care)
- 100% cover for Government approved no-gap prostheses
- Physiotherapy and pharmaceuticals related to your admission (excludes experimental, IVF and high cost non-PBS drugs)
- Doctors’ charges for in-hospital treatment - up to 100% of the equivalent Medicare Benefit Schedule (MBS) fee.
- State Government emergency ambulance.

**WAITING PERIOD**
Waiting periods apply for certain procedures. See Glossary for more information on waiting periods and procedures. A twelve month waiting period applies for pre-existing conditions and pregnancy and birth related services.

**TREATMENT BY A DOCTOR**
You can claim towards the costs of doctors’ charges in-hospital and out-of-hospital.

- For services billed by doctors who treat you in hospital, we will pay 100% of the equivalent Medicare Benefit Schedule (MBS) fee.
- For doctors’ services provided out-of-hospital, we will pay up to 85% of the MBS fee.

**EXCESS**
Also called a front-end deductible in some countries, an excess is an amount that you agree to pay towards the cost of hospital treatment, in exchange for lower premium costs. You can choose a hospital excess of Nil, $500 or $1,000. Choosing a higher excess will reduce your premium. See page 10 for more information on excesses.

**HOSPITAL BENEFITS SUMMARY**

<table>
<thead>
<tr>
<th>Choose your excess options</th>
<th>Nil or $500 or $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available as hospital cover only (without extras)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example hospital procedures at HCF participating private and public hospitals - accommodation, operating theatre, intensive care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation, operating theatre, intensive care</td>
</tr>
<tr>
<td>Accident related treatment after joining (except for your policy exclusions)</td>
</tr>
<tr>
<td>Physiotherapy &amp; pharmaceuticals related to admission</td>
</tr>
<tr>
<td>Removal of tonsils</td>
</tr>
<tr>
<td>Removal of adenoids</td>
</tr>
<tr>
<td>Removal of appendix</td>
</tr>
<tr>
<td>Hernia treatment</td>
</tr>
<tr>
<td>Removal of kidney stones &amp; gall stones</td>
</tr>
<tr>
<td>Digestive disorder procedures (e.g. bowel surgery)</td>
</tr>
<tr>
<td>Government approved prostheses for covered services</td>
</tr>
<tr>
<td>Heart surgery (including diagnostic and therapeutic cardiac procedures)</td>
</tr>
<tr>
<td>Spinal surgery</td>
</tr>
<tr>
<td>Rehabilitation services</td>
</tr>
<tr>
<td>Pregnancy &amp; birth related services</td>
</tr>
<tr>
<td>Hip &amp; knee joint replacement surgery</td>
</tr>
<tr>
<td>Cataract &amp; other lens related surgery</td>
</tr>
<tr>
<td>Emergency ambulance (State Government provided only)</td>
</tr>
</tbody>
</table>

✓ Covered (subject to benefits and limits)

# Excluding experimental, IVF and high cost non-PBS drugs
# EXTRAS LIMITS

**SUMMARY**

If you choose to take out extras cover as well, you can claim towards a range of services, outlined in the table below. The amounts shown are annual limits and not indicative of the individual benefits you will receive.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>DETAILS</th>
<th>WAITING PERIODS</th>
<th>BASIC</th>
<th>LIFESTYLE ESSENTIALS</th>
<th>ACTIVE LIFESTYLE</th>
<th>LIFESTYLE PLUS</th>
<th>ULTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL DENTAL</strong></td>
<td>Diagnostic &amp; preventative dental (service limits apply e.g. maximum 1 or 2 scale &amp; clean per person per year)</td>
<td>2 months</td>
<td>$450</td>
<td>$500</td>
<td>Year 1 $700  Year 2 $750  Year 3 $800</td>
<td>No annual limit (service limits apply)</td>
<td>No annual limit (service limits apply)</td>
</tr>
<tr>
<td></td>
<td>Simple fillings (1-2 surfaces)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extractions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAJOR DENTAL</strong></td>
<td>Oral surgery (including wisdom tooth removal)</td>
<td>12 months</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>$600/$300 max. per year  $1,800/$900 lifetime limit</td>
<td>$1800/$400 max. per year  $2,400/$1,200 lifetime limit</td>
</tr>
<tr>
<td></td>
<td>Complex fillings (3 or more surfaces)</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Periodontics, Endodontics</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preparation and/or placing of crowns and bridges</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dentures</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orthodontics - Orthodontist / other dentist</td>
<td>2 months</td>
<td>x</td>
<td></td>
<td>$600/$300 max. per year  $1,800/$900 lifetime limit</td>
<td>$1800/$400 max. per year  $2,400/$1,200 lifetime limit</td>
<td></td>
</tr>
<tr>
<td><strong>OPTICAL</strong></td>
<td>Optical</td>
<td>2 months</td>
<td>$150</td>
<td>$180</td>
<td>$200</td>
<td>$210</td>
<td>$250</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy (group &amp; classes covered under Health Management)</td>
<td></td>
<td>$200</td>
<td>$250</td>
<td>Year 1 $400  Year 2 $450  Year 3 $500</td>
<td>$550</td>
<td>$750</td>
</tr>
<tr>
<td></td>
<td>Exercise physiology (group &amp; classes covered under Health Management)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychology (after Medicare entitlement used up)</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chiropractic</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Osteopathy</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>THERAPIES</strong></td>
<td>Remedial massage</td>
<td>2 months (12 months for foot orthotics)</td>
<td>$120</td>
<td>$150</td>
<td>$300 ($200 max. per therapy except for Chiro &amp; Osteo)</td>
<td>$350 ($250 max. per therapy except for Chiro &amp; Osteo)</td>
<td>$450 ($250 max. per therapy except for Chiro &amp; Osteo)</td>
</tr>
<tr>
<td></td>
<td>Myotherapy</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acupuncture, Chinese herbal medicine</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Naturopathy / Nutrition consultation</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alexander technique</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Podiatry services (including foot orthotics)</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dietetics</td>
<td>x</td>
<td>x</td>
<td></td>
<td>$200</td>
<td>$225</td>
<td>$250</td>
</tr>
<tr>
<td></td>
<td>Audiology</td>
<td>x</td>
<td>x</td>
<td></td>
<td>$300</td>
<td>$450</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speech pathology</td>
<td>x</td>
<td>x</td>
<td></td>
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</tr>
</tbody>
</table>

**ON HCF EXTRAS COVER**

- 2x dental check ups per year through HCF’s More for Teeth providers. Not available in NT and Tas.
- No gap eyewear and free digital retinal imaging eye check through HCF’s More for Eyes providers.
- No gap initial physio, chiro and osteo consultation through HCF’s More for Muscles and More for Backs providers.
- No gap initial podiatry consultation through HCF’s More for Feet providers.

Use your ‘Limit Boost’ to top up your optical and/or dental annual limit each year. See hcf.com.au/limitboost for details.

**NOT COVERED**

- Not covered
**AMBULANCE TRANSPORTATION**

Benefits for Emergency Ambulance Transport or Non-Emergency Ambulance Transport are payable after any subsidy, discount, waiver or rebate provided by a third party or the Ambulance Service Provider has been deducted.

(a) HCF pays Benefits towards eligible Emergency Ambulance Transport and Non-Emergency Ambulance Transport Services provided by an Ambulance Service Provider depending on a Member’s cover and up to their annual Limit (either a dollar or service Limit), as specified in the Product Information.

(b) The Ambulance must be provided by an Ambulance Service Provider and the transportation must be to the nearest appropriate Australian Hospital able to provide the level of care required.

**Emergency Ambulance Transport:**

(a) Benefits are payable for Emergency Ambulance Transport where transport to the nearest Hospital or on-the-spot treatment is required.

“Emergency” means an immediate and serious threat to person’s health or life.

(b) Benefits are not payable for Emergency Ambulance Transport:

(i) where Non-Emergency Ambulance Transport is requested;
(ii) for transport on discharge from Hospital to a Member’s home or nursing home;
(iii) where you are covered by another funding arrangement such as a State government scheme;
(iv) where you are covered by another third party (such as a State Ambulance subscription or the Ambulance charges are the subject of a compensation claim);
(v) for transfers between Hospitals;
(vi) for transfers to or from medical facilities such as diagnostic imaging, allied health or other health related facilities;
(vii) for charges raised for a medical retrieval team escort; and
(viii) for Ambulance Service Providers not recognised by HCF.

**Non-Emergency Ambulance Transport:**

Benefits for Non-Emergency Ambulance Transport are payable for the transport by a State Government provided ambulance that is requested because your medical condition requires a level of support and medical monitoring in transit that only an ambulance service can provide. Non-emergency ambulance transport must be requested by your treating doctor to be considered for an HCF benefit.

(b) Benefits are not payable for Non-Emergency Ambulance Transport:

(i) where the transport does not meet the definition of Non-Emergency Ambulance Transport (such as for general patient transport);
(ii) where the transport has been elected by the patient or family for reasons such as choice of doctor or hospital or to be closer to family;
(iii) where you are covered by another funding arrangement such as a State government scheme;
(iv) where you are covered by another third party (such as a State Ambulance subscription or the Ambulance charges are the subject of a compensation claim);
(v) for transfers between hospitals;
(vi) for charges made for a medical retrieval escort; and
(vii) for Ambulance Service Providers not recognised by HCF.

---

**AMBULANCE SERVICE PROVIDER**

HCF recognises the following ambulance service providers for the purposes of paying benefits:

- ACT Ambulance Service
- Ambulance Service of NSW
- Ambulance Victoria
- Non-Emergency Patient Transportation NSW
- Queensland Ambulance Service
- South Australia Ambulance Service
- St John Ambulance Service NT
- St John Ambulance Service WA
- Tasmanian Ambulance Service.
EXCESS
Excess means a non-refundable amount of money a Member agrees to pay towards the cost of services before benefits are payable when admitted to hospital.
Whatever excess level you choose:
• You won’t pay a hospital excess for accident-related treatment
• You won’t pay a hospital excess for dependent children
• You won’t pay a hospital excess for same day treatment. Note: to access the waiver, a 12 month waiting period applies for pre-existing conditions and a 2 month waiting period applies for all other procedures
• You pay only one hospital excess amount per person per calendar year, if an excess is applicable.

EXCLUDED SERVICES
If you choose a hospital cover where some procedures are excluded then nil benefits apply for the episode of care. If multiple procedures are provided in a single episode of care and one procedure is excluded then nil benefits apply for the entire episode of care.
In a private hospital: You are responsible for all hospital charges and could have significant out-of-pocket expenses.
In a public hospital: You are responsible for all hospital charges and there could be significant out-of-pocket expenses.

MEDICARE BENEFITS SCHEDULE (MBS)
Medicare has a list of medical services for which benefits can be paid. These are listed in the Medicare Benefits Schedule (MBS). The list covers most medical procedures and treatments provided by a doctor, for both in-hospital and out-of-hospital treatment.
You are not covered for medical services without an MBS item number. This means services like:
• MRI services that are not registered with Medicare
• Elective cosmetic surgery
• Surgery by a podiatrist.
Overseas Visitors Hospital Cover does not cover ancillary type services outside of hospital (e.g. podiatry, psychology and physiotherapy), even if they have an MBS number.

HOSPITAL COVER FOR IN-PATIENT SERVICES
Hospital benefits are payable when you’re admitted to hospital for treatment. These are called ‘in-patient’ services, and only in-patient services are covered by your hospital cover.

HCF PARTICIPATING PRIVATE HOSPITALS
HCF has negotiated agreements with private hospitals in all states and territories, which covers 95% of all HCF admissions to private hospitals. The agreements limit hospital gap charges that apply to the health cover you have, like your excess option.
For a full list of participating private hospitals, visit hcf.com.au/participatinghospitals
Please note: this list is subject to change.

MINIMUM BENEFITS
If you choose a hospital cover where Minimum Benefits apply to some procedures then HCF will pay the rate set out by the Commonwealth Minister for Health, from time to time, as the Minimum Benefit paid for a shared room and benefits for Government approved Prostheses List items.
In a private hospital: These benefits wouldn’t cover all the hospital costs and there could be significant out-of-pocket expenses for you to pay.
In a public hospital: If you elect to be a private patient in a public hospital, if these benefits are less than what your chosen public hospital charges, you may have to pay out-of-pocket expenses.

PHARMACEUTICAL BENEFITS SCHEME (PBS)
The PBS Schedule lists all of the medicines available to be dispensed to patients at a Government-subsidised price. The Scheme is available to all Australian residents who hold a current Medicare card. Overseas visitors from countries with which Australia has an RHCA are also eligible to access the Scheme.
For more information, visit: PBS.gov.au/info/about-the-pbs

PHARMACEUTICAL ITEM
Pharmaceutical item means an item which is ordinarily claimable under an eligible Extras Cover which is:
(a) Prescribed by a Medical Practitioner or dental practitioner on prescription in accordance with relevant State or Territory legislation;
(b) Supplied by a pharmacist or Medical Practitioner in Private Practice under relevant State or Territory legislation;
(c) Registered and labelled with an AUSTR number on the Australian Register of Therapeutic Goods;
(d) Prescribed for Treatment of the approved specific indications as detailed in the Australian Register of Therapeutic Goods;
(e) Complies with HCF’s Clinical Pharmaceutical Procedure for Extras Benefits as approved by the Medical Director or equivalent, provided that none of the following criteria apply:
(i) The item is listed or was listed under the PBS in any brand, formulation, strength or pack size and regardless of whether PBS availability is subject to any specified purpose or patient type;
(ii) The Minimum Standard Supply for the item is customarily charged at an amount that is less than, equal to, or within $3 of the current PBS co-payment for general patients;
HOW YOUR RIGHTS ARE PROTECTED

PRIVATE HEALTH INSURANCE CODE OF CONDUCT
The Private Health Insurance (PHI) Code of Conduct’s aim is to improve the standards of practice and service in the private health insurance industry.
We support this by ensuring you:
• receive correct information about private health insurance
• are aware of the internal and external dispute resolution procedures
• can make an informed decision about your purchase
• you’re protected in accordance with the privacy principles.
For a full copy of the code, visit privatehealth.com.au/codeofconduct

HAVE A COMPLAINT?
If there’s a problem with your membership or cover, please contact HCF directly so we can assist in resolving it as quickly as possible.

OMBUDSMAN
If your complaint isn’t dealt with satisfactorily, you can also contact the relevant Ombudsman - independent bodies formed to help resolve complaints and provide advice and information.

If your complaint is about Health Insurance:
Private Health Insurance Ombudsman
Call: 1300 362 072
Visit: ombudsman.gov.au
Email: phio.info@ombudsman.gov.au
Online: ombudsman.gov.au/making-a-complaint/contact-us
Write: Private Health Insurance Ombudsman, Commonwealth Ombudsman, GPO Box 442, Canberra, ACT, 2601

If your complaint is about Life Insurance, Pet Insurance or Travel Insurance:
Financial Ombudsman Service Australia
Call: 1300 367 287
Visit: fos.org.au
Email: info@fos.org.au
Write: Financial Ombudsman Service Limited, GPO Box 3, Melbourne, VIC, 3001

OUR PRIVACY STATEMENT
HCF is committed to best practice privacy protection.
We collect your personal information including sensitive information such as health information from you and/or the Policyholder who is responsible for your policy and/or from other third parties detailed in our Privacy Policy, so we can:
• Comply with applicable laws
• Manage our relationship with you
• Record your treatment
• Provide health or other insurance, related products and services to you (including through third parties)
• Manage and pay claims and benefits
• Assess your insurance, health and related lifestyle needs
• Investigate fraudulent or improper claims and assess risks
• Research and develop products, services and benefits that may better serve your needs
• Assess your possible interest in and tell you about such products and services
• Administer our business and deal with complaints.

We may share or disclose your personal information to third parties or individuals, some of which may be located overseas, including:
• to the policyholder, if you are a dependant or another member (e.g. partner or children) on the policy, for the purposes of your HCF membership. Our contract with the policyholder requires us to have full and free communication with the policyholder on all aspects of the policy, including the benefits claimed by any member under the policy;
• to organisations that deliver services on our behalf or to us, such as third parties that we contract to assess or process claims, administer programs that we develop for the benefit of members, research companies contracted by us (to ask your opinions on improving the Group’s service, benefits or product offerings) and mailing houses;
• other service providers, for example, our advisors;
• between companies within the HCF group of companies;
• fraud prevention agencies, government bodies and regulators including law enforcement bodies such as the Police, professional associations and industry bodies;
• health service providers (where it is used to improve their ability to provide you with health services);
• other insurers or reinsurers including other health insurers where you have moved your insurance to or from HCF; and
• where disclosure is otherwise authorised or required by or under an Australian law or court/tribunal order.

We do not normally give personal information about you to anyone who is not on your membership. You will need to give us written permission if you want someone who is not covered by your membership, such as a friend or carer, to deal with us on your behalf.
If you do not provide the personal information we request, we may not be able to provide you with our products or services, including health insurance.
You can ask us at any time to stop direct marketing to you by calling 13 13 34 or by logging onto the member section at hcf.com.au/members and updating your preferences.
For more information about the personal information we collect and how we handle it, how to access and correct your information or to make a complaint and how we will respond to complaints, please read our Privacy Policy.

To view the HCF Privacy Policy:
• Visit hcf.com.au/privacy
• Visit your local branch.

All new Policyholders should ensure that all members on the policy are made aware of the HCF Privacy Policy.
HCF Overseas Visitors Application for Health Insurance

1. Your personal details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)
   - Title
   - First name
   - Middle initial
   - Surname
   - Sex
   - Home address:
     - Unit No.
     - Street No.
     - Street name
     - Suburb
     - State
     - Postcode
   - Phone - home
   - Phone - work
   - Mobile
   - Email
   - Date of birth (DD MM YYYY)
   - Date you wish your membership to commence (DD MM YYYY)
   - HCF Membership No.

2. Other persons to be covered
   - Use another form if space is insufficient
   - If you are unsure of who can be covered on your membership please call 13 13 34 (+61 2 9290 0444 for international callers) or visit a branch.

3. Product choices
   - Over as Visitors Health Cover
   - Over as Visitors Health Cover & Basic Extras
   - Over as Visitors Health Cover & Lifestyle Essentials
   - Over as Visitors Health Cover & Active Lifestyle
   - Over as Visitors Health Cover & Lifestyle Plus
   - Over as Visitors Health Cover & Ultimate Extra
   - Hospital excess options
     - $0
     - $500
     - $1000

4. Reciprocal Health Care Agreement
   - If you are a permanent resident in a country that has a Reciprocal Health Care Agreement, please tick the box of the country of residence.
   - Sweden
   - Finland
   - Italy
   - Netherlands
   - New Zealand
   - Slovenia
   - Malta
   - Republic of Ireland
   - United Kingdom
   - Belgium
   - Norway
   - These applicants may have a Medicare Card marked with ‘RCHA’ or ‘VISITOR’
   - Medicare Card No. (if applicable)

5. HCF Overseas Visitors Health Cover - eligibility checklist
   - To be eligible for Overseas Visitors Health Cover, you must be:
     - on 401 Temporary work - Long Stay, 402 Training and Research visa, 403 Temporary Work - International Relations, 416 Seasonal Worker Program, 420 Temporary Work - Entertainment, 580 Student Guardian, 417 Temporary Work (Skilled), 485 Temporary Graduate Visa OR
     - on any other visa that gives you the right to work in Australia
     - a consulate member here for diplomatic purposes
   - It is not available to people holding a student visa, tourist visa, working holiday visa or retiree visa not listed above.
   - Membership is available to persons who have previously had their Medicare entitlements revoked providing they meet the above criteria.
   - You may be required to provide a photocopy of your visa before your application is processed.

6. Payment method
   - Ezipay Direct Debit (please complete Section 6a)
   - Credit Card Authority (please complete Section 6b)
   - Group Payroll Deduction (please complete Section 6c)

Office Use Only
- Corp Source code
- Deal code
- Rate code
- Sales Source code

Complete and email to overseasvisitors@hcf.com.au or post to HCF GPO Box 4242, Sydney NSW 2001 Australia or drop in a branch.

HCF OVHC Brochure application 0516

Overseas Visitors Health Cover $0
$500
$1000
Please debit on the day* of the month. First debit* to occur on (*Please nominate a day and note that the 28,29,30 and 31 dates are only available for weekly and fortnightly debits.)

Details of account to be debited (all details must be supplied)

Name of financial institution BSB No. Account No.

This authorisation is to remain in force in accordance with the terms described in the HCF Direct Debit Customer Service Agreement.

a) Ezipay Direct Debit Request

I/We authorise The Hospitals Contribution Fund of Australia Limited User ID Number 245164 to arrange for funds to be debited from my/our account and as prescribed below through the Bulk Electronic Clearing System (BECS).

(Please mark 'X')

Weekly
Fortnightly
Monthly*
Quarterly*
Half yearly*
Yearly*

b) Credit Card Authority

Cardholder name (exactly as it appears on your card)

Type of card (Please mark 'X')

Visa
Mastercard
American Express

Debit frequency (Please mark 'X')

Monthly*
Quarterly*
Half yearly*
Yearly*

Credit card No. Expiry date (MM YY)

Please debit my account on the day* of the month (*Please nominate a day and note that the 28,29,30 and 31 dates are only available for weekly and fortnightly debits.)

This authorisation is to remain in force in accordance with the terms described in the HCF Direct Debit Customer Service Agreement.

I hereby authorise my employer to deduct from my wages or salary. (Please mark 'X')

Weekly
Fortnightly
Monthly
Quarterly
Half yearly
Yearly

Employee’s details

Middle Membership No.
Title First name initial (if already a member)
Surname Date marking the end of the first deduction pay period (DD MM YYYY)

Other contribution details

If you are currently paying for other HCF memberships please give their details below:

Membership No. Surname
Membership No. Surname

Interfund transfer

(Complete this section if you have been registered with an Australian registered health fund at any time since 1 July 2000)

This section must be completed by the owner of the previous fund policy. It permits us to take care of the transfer for you.

I authorise HCF to terminate my membership with my existing health fund and obtain details concerning (Please mark 'X'):

Myself
All persons covered

If you have a direct debit arrangement with your existing health fund please remember to personally advise your bank or your pay office (if you pay by payroll deduction) to cancel your deductions.

Middle Date of birth
Title First name initial (DD MM YYYY)
Surname
Name of existing health fund Membership No.
Home address:
Unit No. Street No. Street name
Cancellation effective
Suburb State Postcode from (DD MM YYYY)

Please note: Due to privacy reasons, your existing health fund may send you the clearance certificate, which you will need to forward to HCF.

I hereby authorise my employer to deduct from my wages or salary. (Please mark 'X')

Weekly
Fortnightly
Monthly
Quarterly
Half yearly
Yearly

Employee’s details

Middle Membership No.
Title First name initial (if already a member)
Surname Date marking the end of the first deduction pay period (DD MM YYYY)

Other contribution details

If you are currently paying for other HCF memberships please give their details below:

Membership No. Surname
Membership No. Surname

Existing fund policy owner signature

Signature Date (DD MM YYYY)

Signature Date (DD MM YYYY)

I acknowledge and agree that:

• I have the authority to act on behalf of other persons to be covered under the policy, and such persons have consented to me to provide their information (including sensitive information) and to receive from HCF their information for the purposes of the policy;

• I am the policyholder who is responsible for payment of the contribution rates, the ongoing maintenance of the policy, and the receipt of all policy correspondence;

• I am bound by the Health Fund rules of The Hospitals Contribution Fund of Australia Limited (available on the HCF website and from HCF branches); and

• HCF deals with personal information of all members in accordance with the HCF Privacy Policy (available on the HCF website and from HCF branches) and I have informed them of this.

I confirm that I have read and understand this declaration and the information relating to my product choice and members’ details. Please refer to the HCF Privacy Policy at hcf.com.au and the Privacy Statement in the HCF Overseas Visitors Health Cover Brochure.

I authorise payment by the method indicated on the form and have the authority to do so.

I agree that my insurance will commence once my application is accepted.

I declare the information provided to be true and complete.
START ENJOYING THE BENEFITS ONLY HCF CAN OFFER
JOIN TODAY

GO TO hcf.com.au
CALL US 13 13 34
Mon - Fri 8am - 8pm AEST
Sat - Sun 9am - 5pm AEST
VISIT A branch
DOWNLOAD the HCF app

The Hospitals Contribution Fund of Australia Limited.
ABN 68 000 026 746  ASFL 241 414  MAY16_VAL0123_OVHC
Head Office: 403 George Street, Sydney NSW 2000