

MEMBERSHIP APPLICATION



We're for the educators

Updated August 2025

CHECKLIST

- Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**
- Please complete all details that are relevant to you on all pages of this form
- Read the declaration and sign all the relevant signature panels
- Mail your completed application form to **UniHealth, GPO Box 9812, Sydney NSW 2001** or email to **info@unihealthinsurance.com.au**

Phone **1300 367 906**
Overseas **+612 8346 2187**

Web **unihealthinsurance.com.au**
Email **info@unihealthinsurance.com.au**

Teachers Federation Health Ltd
ABN 86 097 030 414 trading as UniHealth.
A Registered Private Health Insurer.

I would like my membership to start:

- As soon as possible
- On this date / /

Promo code:

A. YOUR DETAILS (PRIMARY MEMBER)

Title Mr Mrs Miss Ms Dr Other

First name

Surname

Date of birth / / Gender Female Male Other

B. CONTACT DETAILS

Mobile Home phone

Primary email

Secondary email

I authorise UniHealth to contact me via email (this includes legally-required communications such as premium notifications).

- Yes No

Home address

Address

Suburb/town State Postcode

Postal address

- As above. If not, please add postal address:

Address

Suburb/town State Postcode

C. ELIGIBILITY

We're open to the education community and their families – for eligibility visit unihealthinsurance.com.au/who-can-join. We may contact you to confirm your eligibility (e.g. details of your current/past union membership).

- Current union member (specify union)
- Former union member
- Relative of an eligible member

D. YOUR PARTNER AND/OR ADDITIONAL FAMILY MEMBER DETAILS

Provide details of anyone else on your membership (other than you – the primary member). If there are more than 5 people to add, please supply their details on a separate page. In providing this information, you acknowledge that you do so with the consent of any/each person aged 17 or over.

TITLE	FIRST NAME	SURNAME	DATE OF BIRTH	CONTACT NO.	RELATIONSHIP

Partner Authority (if relevant): I authorise my partner to be a point of contact on our membership. Yes No
For information on partner authority, visit unihealthinsurance.com.au/authority

Children on your membership (if relevant): Children automatically remain covered until their 21st birthday.

Student Dependants: Adult children can stay on your cover (as student dependants) until they turn 32 if they are full-time students, trainees, apprentices, interns or cadets and are not married or in a de facto relationship. If anyone already listed above is a student dependant, please add their name and education institution/employer below.

NAME OF CHILD	NAME OF UNIVERSITY/COLLEGE/EMPLOYER

Extended Family Cover: Adult children aged 21 – 31, who are not studying full-time and are not married or in a de facto relationship, can also be on your membership. For this option, select Extended Family below (section E).

E. YOUR COVER

Single Couple Family Single Parent Extended Family Extended Family (single parent)

Hospital

- Top Hospital (Gold)
 Top Hospital 300 (Gold)
 Top Hospital 500 (Gold)
 Mid Classic 300 (Silver Plus)
 Mid Classic 500 (Silver Plus)
 Mid Hospital 300 (Basic Plus)
 Mid Hospital 500 (Basic Plus)
 Basic Hospital (Basic Plus)

Extras

- Top Extras
 Mid Extras
 Basic Extras
 Emergency Ambulance only

Combined

- StarterPak (Basic Plus)

F. PAYMENT DETAILS

Direct debit (paying your premiums)

By signing this application form, I declare that I have obtained all necessary consents from all (including joint and third party) account holders for deductions to be made by direct debit. I/we request, until notice is given, that monies due to UniHealth be drawn under the direct debiting system from the account, as per details listed below.

BSB number -

Account number

Account holder name/s

Payment frequency Fortnightly Monthly Quarterly Half yearly Yearly

Preferred payment date / /

Your first debit may differ from your regular payment amount (if the debit date isn't the same as your membership start date).

Direct credit (receiving your claims)

Would you like benefits paid into the above account? Yes No (add benefit account details below)

BSB number -

Account number

Account holder name/s

Signature of account holder or authorised person

/ /

Date

G. REBATE

Please complete this section to receive the Australian Government Rebate on Private Health Insurance as a reduced premium. If you do not complete this section, full premiums apply. All people listed on the policy must be eligible to claim Medicare for you to receive the Rebate as a reduced premium. For more information about eligibility for Medicare, go to servicesaustralia.gov.au/medicare-card

If you select the wrong tier, this may have implications with respect to your annual tax return (and you may be required to repay the Rebate, or some part of it).

1. Are all the people on the policy listed on a Medicare card or entitled to a Medicare card?

- Yes** Please complete the remainder of this section.
- No** You cannot apply for the Rebate until you obtain a Medicare card.

2. Are you covered by the policy?

- Yes**
- No** Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.

Date you wish Rebate to commence from: The policy start date or another date / /

Medicare card number Expiry date / /

**Inclusion of day in date is only applicable for those holding an interim or reciprocal Medicare card.*

Name on card (exactly as it appears)

I'd like to nominate the Rebate tier below to be applied to my membership (Please mark one selection only)

APPLICABLE REBATE %					INCOME THRESHOLDS	
Income Tier	Tick	Under 65 years	65–69 years	70+ years	Single	Couples/Family
Base Tier	<input type="radio"/>	24.288%	28.337%	32.385%	Up to \$101,000	Up to \$202,000
Tier 1	<input type="radio"/>	16.192%	20.240%	24.288%	\$101,001 to \$118,000	\$202,001 to \$236,000
Tier 2	<input type="radio"/>	8.095%	12.143%	16.192%	\$118,001 to \$158,000	\$236,001 to \$316,000
Tier 3	<input type="radio"/>	0%	0%	0%	More than \$158,000	More than \$316,000

Note: Single parents and couples (including de facto couples) are subject to family tiers as is defined by the ATO. For families with children, the thresholds are increased by \$1,500 for each child after the first.

If at any stage you wish to nominate a new income tier or stop receiving the Australian Government Rebate as a reduced premium, you must notify your health fund as soon as possible.

For more information about the Australian Government Rebate on Private Health Insurance, go to privatehealth.gov.au. Questions about Medicare eligibility can be made at any Services Australia Service Centre or by calling **132 011**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

H. LIFETIME HEALTH COVER DETAILS

1. Are you or your partner under the age of 31? Yes No
2. Have you held continuous private hospital cover for the past 10 years (or since your 31st birthday)? Yes No
3. Has your partner (if applicable) held continuous private hospital cover for the past 10 years (or since their 31st birthday)? Yes No

If you answered 'Yes' to question 2 or 3 above, make sure you complete the Transfer request section below to avoid additional loading charges.

I. TRANSFER REQUEST

If you or your partner are transferring from another registered health fund, UniHealth will cancel your current health fund membership for you. If you transfer to an equivalent level of cover with us, we will recognise waiting periods already served (for services included on your UniHealth cover). Once your current fund provides us with a **Transfer Certificate** you can start claiming, provided your membership is paid up to date.

Partner transferring from a different membership?

Partners (non-primary members) transferring from another membership need to request their own Transfer Certificate. They can do this online via unihealthinsurance.com.au/cc

Current fund details

Fund name	<input type="text"/>	Level of cover	<input type="text"/>
Member name	<input type="text"/>		
Membership number	<input type="text"/>		

Please cancel this membership on / / or the day my UniHealth membership begins.

I authorise UniHealth to:

- Contact my previous health fund on my behalf Yes No
Cancel the membership for Me Everyone covered

Signature of existing primary member at transferring fund

 / /

Date

J. DECLARATION

Please read and acknowledge the following:

- I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence.
- I have authority to sign on behalf of all members on this policy (if relevant).
- I have read the Privacy Notice below and agree to the collection and use of my personal and sensitive information as outlined therein.
- I agree to be bound by the UniHealth Fund Rules as amended from time to time, and understand that my premium may increase and/or my benefit entitlements may change. An abridged version of the UniHealth Fund Rules can be found at unihealthinsurance.com.au/fund-rules or a copy is available on request by calling **1300 367 906**.
- I understand that waiting periods may apply to my chosen level of cover (including 12 months for pre-existing conditions).
- I agree to receive marketing material from UniHealth.

Signature of new primary member at UniHealth

Print Name

Date / /

K. HOW DID YOU HEAR ABOUT US?

- Word of mouth (Family)
- Word of mouth (Colleague)
- From my union
- UniHealth representative (Please specify name)
- Online search
- Advertising
- Promotion (Please specify)

- Other (Please specify)

PRIVACY NOTICE

To arrange and manage your private health insurance, Teachers Federation Health Ltd ABN 86 097 030 414 trading as Teachers Health, UniHealth and Nurses & Midwives Health (Teachers Health Group) and its duly authorised representatives and related entities collect personal information including sensitive information from its members and prospective members, those authorised by its members such as family members, and may in the course of its business collect information from third-parties such as hospitals, medical and ancillary providers, trade unions, employer organisations, aggregators and third-party service providers. Information may be collected directly (for example, when an individual tells us or fills in a form) or indirectly (for example, by way of cookies when an individual visits our website).

When someone provides personal information about other individuals such as family members on their health insurance policy, Teachers Health Group relies on that person having made them aware of the matters in this Privacy Notice and having obtained their consent on these matters, including that that person will have access to the other individual’s sensitive health information. The purpose of collecting the information is so Teachers Health Group can provide its products and services, specifically health insurance; dental, eye care and other allied health services; healthy lifestyle programs and broader health cover services. Teachers Health Group may also collect, use and disclose it to verify eligibility for membership, product development, marketing, research, IT systems maintenance and development, recovery against third parties, to manage risks and overcome fraudulent activity and for other purposes with your consent or where authorised by law. Where Teachers Health Group is not able to collect personal information, it may not be able to provide its products and services to that individual.

Teachers Health Group usually discloses personal information it has collected to those entities, bodies or persons required to provide its products and services – for example, to relevant unions to verify eligibility for membership, to hospitals and medical providers, to contracted providers of dental, eye care and other allied health services, to contracted providers of healthy lifestyle programs or broader health cover services, to financial institutions to pay health insurance claims, to government and regulatory bodies for compliance purposes, to third-party service providers such as data storage, data handling providers and mailing houses who distribute

Teachers Health Group member communications and entities established to help identify illegal activities and prevent fraud.

Teachers Health Group may disclose personal information to service providers that are located outside of Australia. In these instances, Teachers Health Group will conduct due diligence on the service providers’ information security systems and incorporate contractual privacy clauses to protect members’ personal information. Where a member purchases insurance products through Teachers Health Group’s business partners, such as travel, general and life insurers, the member’s relationship with the business partner is independent from Teachers Health Group and the business partner’s privacy policy applies.

If you opt-in to receiving marketing materials, Teachers Health Group may contact a member or prospective member by telephone, mail, electronic messages (including email), online and via other means with direct marketing material. If a member or prospective member does not wish to receive such material, they can opt-out at any time by calling **1300 367 906** emailing **unsubscribe@unihealthinsurance.com.au**.

The Teachers Health Group Privacy Policy contains information about how an individual may access and seek correction of their personal information held by Teachers Health Group and about how to complain about a breach of the Australian Privacy Principles. An abridged version of the Teachers Health Group Privacy Policy may be accessed on our website or request a copy by calling **1300 367 906**. Any enquiries and requests relating to the Privacy Act should be directed to the Privacy Officer telephone **1300 367 906** or **PrivacyOfficer@unihealthinsurance.com.au**.

Your information may be provided to Services Australia. The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia need to collect this information so Services Australia can process and manage your applications and payments, and provide services to you. Services Australia only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to <https://www.servicesaustralia.gov.au/your-right-to-privacy>



WHAT NEXT? Once form is completed please send to **GPO Box 9812, Sydney NSW 2001** or **info@unihealthinsurance.com.au**

OFFICE USE ONLY

Member number

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