

## Application Form

Join Phoenix

Change My Phoenix Cover

Phoenix Member Number  
(Previous if applicable)

--	--	--	--	--	--

### 01. Transferring from another fund

Fund name \_\_\_\_\_

Policy name \_\_\_\_\_

Member number \_\_\_\_\_

\* Please note if you are transferring from another fund you will need to fill in a transfer certificate.

### 02. Your Details

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

DOB \_\_\_\_\_ M/F \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

### 03. Add Other People

Family Name	Given Names	Relationship	DOB	M/F

**Partner authority:** I hereby authorise my partner to be an equal joint policy holder on this membership

Yes ☐ No ☐

### 04. Choose Your Cover \* you can mix & match your hospital and extras or select one of our packaged covers

Private Hospital Options

Top Hospital NIL Excess ☐

Mid Hospital ☐  
\$500 Excess

Basic Hospital ☐  
\$500 Excess

Top Hospital \$500 Excess ☐

Extras Cover Options

Top Extras ☐

Mid Extras ☐

Basic Extras ☐

Packaged Cover Options

Top Cover ☐

Value 500 ☐

YoungSavers \* ☐

\* Young Savers is only available for Single/Couples

Contribution Rate

Single ☐

Couple ☐

Family ☐

Sole Parent Family ☐

Please continue onto next page



## 05. Payment Method

**Weekly, Fortnightly, Monthly or Quarterly Direct Debit** (please circle preferred frequency) ☐ **Quarterly Invoice** ☐

If you have chosen direct debit, you can enter your preferred banking details below **or tick the below box for Credit Card.**

BSB Number  -  Account number   
Account name  First direct debit date  /  /   
Financial Institution  Branch

**Credit Card** (Phoenix will contact you to obtain these details) ☐ **Add these details as my direct credit details** ☐

If your membership is being paid by someone else (other than yourself) please have this person sign below.

Name of payer:  Signature:  Date signed  /  /

## 06. Concession card details

**Are you a concession card holder?** Yes ☐ No ☐ If yes, what type of concession card?

**Concession card number**  **Expiry date**  /  /

## 07. Declaration

1. I declare that these statements are true and complete and agree to be bound by the rules of Phoenix Health Fund Ltd and the determinations of the Board.
2. I have read and understand the rules relating to WAITING PERIODS and PRE-EXISTING CONDITIONS / AILMENTS and understand the Fund may refuse payment of benefits if any of the details supplied herein are false in any respect.
3. I authorise the deduction from my wages of contributions for the table nominated, as may be varied from time to time. Where payroll deductions are not available I agree to pay contributions in advance, until membership is cancelled in writing.
4. I agree to make any changes to my payment method in writing.
5. I consent to collection by the Fund of the information in this form and other personal and health information required to be collected in connection with the policy, and consent to its use and disclosure by the Fund in connection with the policy.
6. I have read and understood the terms and conditions of my Phoenix Health Fund policy.
7. I declare that I, as well as all other adult persons to be covered by my Phoenix Health Fund membership, have read, and consent to the collection, use and disclosure of our personal (including sensitive) information in accordance with the Phoenix Health Fund Privacy Statement.

Date effective (the date you request to apply/apply changes):  /  /

Signature of applicant  Date signed  /  /

## 08. Submitting your application

You can now submit your application via email, fax or post. Once submitted, our team will be in contact with you shortly to confirm your new membership details.

Where did you hear about Phoenix?

Promotional code