

Locked Bag 23 Wollongong NSW 2500  
Phone: 1800 027 299  
Fax: 1300 309 704  
Email: [info@myrbhs.com.au](mailto:info@myrbhs.com.au)  
Web: [www.myrbhs.com.au](http://www.myrbhs.com.au)



## Application Form

Title	First name	Last name	D.O.B
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>

Sex	Street address
M F	<input type="text"/>

Suburb/city	Postcode
<input type="text"/>	<input type="text"/>

Postal address (if different from above)

Suburb/city	Postcode
<input type="text"/>	<input type="text"/>

Home/Work phone	Mobile phone
<input type="text"/>	<input type="text"/>

Email address

Spouse's Mobile phone	Spouse's Email address
<input type="text"/>	<input type="text"/>

Dependant's Mobile phone	Dependant's Email address
<input type="text"/>	<input type="text"/>

How did you hear about the fund?

I would like my membership to commence from:

Employee full name

Employee number (if known)

Employee D.O.B

I am:

- ☐ A current or former employee of the RBA or NPA
- ☐ The adult child of a current or former employee of the RBA or NPA :
- ☐ The former spouse of a current or former employee of the RBA or NPA

**Provide details of all people covered by the policy (do not include yourself):**

Full name	D.O.B	Relationship to Member	Sex	Name of School/University/Employer of Apprentice/Trainee* (student dependent child only)
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

\*Each of the above named student dependants must be aged 18 to 24 (inclusive) years, without a partner, and a full-time student at a school, college or university, or are undertaking a traineeship or apprenticeship. If any of the above named dependants marry or cease to be a student, please inform the RBHS immediately.

I would like the following policy: Please tick appropriate policy

Policy type			
<input type="checkbox"/> Gold Hospital	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Extended Family
<input type="checkbox"/> Premium Extras	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Extended Family
<input type="checkbox"/> Gold Hospital + Premium Extras	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Extended Family

Premiums will vary depending upon each member's circumstance. For example, if you have a Lifetime Health Cover loading, or if you fall into a Rebate Tier, your rates will be different. Premiums will also be different for RBA staff who elect to take employer support in lieu of salary. Call us on 1800 027 299 to verify the rates that apply to you.

Apply to receive the Australian Government Rebate on Private Health Insurance as a reduced premium

Complete this section to receive the rebate as a reduced premium (if eligible). If you do not complete this section, full rates will apply. The Australian Government Rebate on Private Health Insurance applies to the standard premium of all RBHS products. It is not available for the Lifetime Health Cover loading portion of your premium (if applicable). The Rebate you receive will be between 0% and 32.812%, depending on your household income, the age of the oldest person on your membership, CPI (inflation) and average health fund industry price increases using a complex Government formula. For more information about the Australian Government Rebate on Private Health Insurance, go to [humanservices.gov.au/privatehealth](https://humanservices.gov.au/privatehealth)

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

☐ Yes

Your Medicare card details:

☐ No

Expiry date:

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All the people listed on the policy must be eligible to claim Medicare for you to receive the rebate as a reduced premium. 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. Questions about Medicare eligibility can be made at any Human Services' Service Centre or by calling 132 011. Note: call charges apply – calls from mobile phones may be charged at a higher rate. Or go to: <https://www.humanservices.gov.au/customer/services/medicare/medicare-card>. You may be entitled to a Medicare card if you are:

- a person who lives in Australia, and
  - an Australian citizen, or
  - a holder of a permanent resident visa, or

- a New Zealand citizen, or
  - an applicant for a permanent resident visa.

Are you covered by this policy? If no, you may register for this scheme if the cover is ONLY for your dependent child.

☐ Yes

(If 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. If yes, please continue.

☐ No

Your full name as it appears on your Medicare card:

Date of rebate commencement:

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/

Rebate Tier Use the table below to nominate your Rebate Tier (please tick appropriate Rebate Tier).

	Step 1: income threshold (for 2024/25 financial year)		Step 2: age & Rebate amount (age of the oldest person on your membership)		
			Under 65 years	65-69 years	70+ years
<input type="checkbox"/> Base Tier	Single \$97,000 or less	Family* \$194,000 or less	24.608%	28.710%	32.812%
<input type="checkbox"/> Tier 1	Single \$97,001 – 113,000	Family* \$194,001 – 226,000	16.405%	20.507%	24.608%
<input type="checkbox"/> Tier 2	Single \$113,001 – 151,000	Family* \$226,001 – 302,000	8.202%	12.303%	16.405%
<input type="checkbox"/> Tier 3	Single \$151,001 or more	Family* \$302,001 or more	0%	0%	0%

\* If you are a family with children, the income threshold for each tier is increased by \$1,500 for every child after your first. Family includes couples and single parent families.

If you require more information, go to [www.myrbhs.com.au/rebate](https://www.myrbhs.com.au/rebate), email [info@myrbhs.com.au](mailto:info@myrbhs.com.au) or call us on 1800 027 299.

### Transferring from another health fund?

If you are transferring from another Australian registered health fund, the RBHS can arrange for your existing health fund membership to be cancelled. The RBHS will recognise any waiting periods and Lifetime Health Cover periods already served. Please note: You must personally advise your existing fund, bank or pay office to cancel any direct debit or payroll deductions.

☐ I hereby authorise RBHS to terminate my membership and obtain a Transfer Certificate for membership.

Name of previous fund

Membership number

### Choose how you would like to pay: (one option only)

- ☐ Cheque **OR** ☐ Deduction from my salary/wages/pension **OR**  
☐ Direct debit (complete form below. Please note that direct debit deductions take place on Friday fortnightly)

#### EITHER YOUR ACCOUNT

Name of financial institution

Name(s) of account holder(s)

BSB number:

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Account number:

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#### OR CREDIT CARD

Due to credit card security arrangements, we are unable to record your credit card details. Please select one of the following options if you wish to pay by credit card.

- ☐ Please call me to arrange credit card payments  
☐ I will arrange credit card payments on the app

Once you receive your member number, simply register for our secure app and enter your credit card details.

### Choose how you would like your claims paid:

- ☐ Please pay my claim directly into my account ☐ Please pay my claim to a different account

Name of financial institution:

Name of account

BSB number

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Account number

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- ☐ I understand that I/we will be notified in writing of the initial amount to be deducted and that subsequent fortnightly deductions will be in accordance with the level of cover I hold. When this deduction amount changes from time to time, I will be given notification in writing of the new deduction amount.
- ☐ I have read and understand the Direct Debit Service Agreement overleaf.

Signature:

If debiting from a joint account, both signatures are required

### Privacy Statement

Personal information which the Reserve Bank Health Society Limited (the RBHS) collects from you or from hospitals where you have been admitted, is used in making decisions in respect of your membership of the RBHS and claims for benefits. Information received will be maintained in a secure area and only disclosed to such staff as is necessary for the RBHS to perform its functions. The RBHS may disclose your personal information to third party service providers (who may collect information about you from hospitals), auditors and legal advisors where necessary. You can find our full Privacy Policy here: [www.myrbhs.com.au/privacypolicy](http://www.myrbhs.com.au/privacypolicy)

## Declaration

- I declare all details provided to be true and correct in every respect and agree to be bound by the Fund Rules of the Reserve Bank Health Society Ltd. I will notify the RBHS of any changes. Please visit website for the Fund Rules: [www.myrbhs.com.au/Policies-Links/RBHS-Policies/Fund-Rules](http://www.myrbhs.com.au/Policies-Links/RBHS-Policies/Fund-Rules)
- I declare that I have read, understood and agree to the RBHS Privacy Policy. [www.myrbhs.com.au/privacypolicy](http://www.myrbhs.com.au/privacypolicy)
- I acknowledge that the Reserve Bank Health Society Ltd will seek confirmation of my current or former employment with the Reserve Bank of Australia or Note Printing Australia Ltd regarding my eligibility to join the fund.
- I acknowledge that, in terms of the Private Health Insurance Act 2007 (Cth), neither I nor any of my dependants is permitted to be eligible for basic hospital benefits from another registered health insurance organisation.
- I agree that the Reserve Bank Health Society Ltd may use the information contained in this application for the operation of its business.

Signature:

Date:

## **The Reserve Bank Health Society Limited ("RBHS") Customer DDR Service Agreement**

### **Our commitment to you**

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Reserve Bank Health Society Limited (User ID 028084) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

### **Initial terms of the arrangement**

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for health insurance premiums.

### **Drawing arrangements**

- Your initial deduction date will be advised in writing by the fund. Regular debits will take place on your nominated day.
- If any drawing falls due on a non-business day, it will be debited from your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days' notice in writing when we make changes to the initial terms of the arrangements. This notice will state the new amount, frequency, next drawing date and any other changes to the initial terms.
- If you require changes to the direct debit arrangements, you must provide us with 3 working days' notice of such change before it will be effective.
- If you wish to discuss any changes to the initial terms, or if you have any enquiries regarding your drawing dates you should contact us on 1800 148 626, by email to [info@myrbhs.com.au](mailto:info@myrbhs.com.au), by facsimile on 1800 027 299, alternatively, write to us at: The RBHS - Locked Bag 23, Wollongong NSW 2500.

### **Your rights**

#### **Changes to the arrangements:**

If you want to make changes to the drawing arrangements, contact us at least 3 working days prior to the next scheduled drawing day on 1800 027 299, by email to [info@myrbhs.com.au](mailto:info@myrbhs.com.au), by facsimile on 1300 309 704 or alternatively, write to us at: The RBHS - Locked Bag 23, Wollongong NSW 2500. You can also contact NAB directly for stops or cancellations.

These changes may include:

- Deferring the drawing,
- Stopping an individual debit
- Suspending the DDR or
- Cancelling the DDR completely

Please be aware that these changes will affect your financial status and hence cover entitlements until the amounts have been paid.

### **Enquiries**

Enquiries should be made at least 3 working days prior to the next scheduled drawing day. All communication addressed to us should include your contributor number and current postal address. All personal member information held by us will be kept confidential except that information provided to a financial institution to initiate the drawing to your nominated account.

### **Disputes**

- If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting us on 1800 027 299, by email to [info@myrbhs.com.au](mailto:info@myrbhs.com.au), by facsimile on 1300 309 704 or alternatively, write to us at: The RBHS - Locked Bag 23, Wollongong NSW 2500
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:
  - Within 7 business days (for lodged claims within 12 months of the disputed drawing);
  - Within 30 business days (for claims lodged more than 12 months after disputed drawing); you will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

### **Your commitment to us**

It is your responsibility to ensure that:

- Your nominated account can accept direct debit (your financial institution can confirm this). Please note, some accounts may be unable to do this as we use the BECS system for payments;
- On the drawing date there is sufficient cleared funds in the nominated account;
- You advise us if the nominated account is transferred or closed;
- You understand and agree to our privacy policy located at [www.myrbhs.com.au/privacy](http://www.myrbhs.com.au/privacy)
- You check your details against a recent statement from us to ensure they are correct.

If your drawing is returned or dishonoured by your financial institution, we will:

**Monthly, Quarterly, Half Yearly & Yearly payers** - write to you to advise of an alternative deduction date;

- **Weekly & Fortnightly payers** - a double deduction will be taken for weekly and fortnightly payers and this will occur on the next date your debit is due. If debits are returned on three consecutive occasions your cover will cease. You may be asked to pay any transaction fees payable by us in respect of the above returned or dishonoured payment.