

## Mediplan Membership Program Application Form

### PROCEDURE & DOCTOR DETAILS

Are you contemplating a procedure within the next 2 months?  Yes  No

If Yes, has the procedure date been scheduled with your doctor?  Yes  No

Doctor's Name  Phone Number

Doctor's Address

Treatment Type

Scheduled procedure date is

**Estimated Procedure Cost**  
\$ .00

### APPLICANT DETAILS

Title  Surname  All Given Names  Sex M/F  Date of Birth

Marital Status (Single / Married / Defacto / Separated)  Period of Relationship  Children U/16yrs  Drivers Licence No.  State

Residential Address  Time at current address  Telephone Home

Suburb  State  Postcode  Telephone Mobile

Postal Address if different from Residential  Email Address

Suburb  State  Postcode  Landlord/Agent Details

Previous Residential Address  Time at previous address  Landlord/Agent Phone Number

Suburb  State  Postcode  How did you find out about Mediplan?

### YOUR EMPLOYMENT DETAILS

Name of Current Employer  Position/Title/Occupation  Commencement Date

Address of Current Employer  Work Status  Full time – Perm  Self Employed

Suburb  State  Postcode   Part time  Retired

Telephone – Main Switch  Telephone – Direct Extension   Casual/Seasonal  Home Duties

Accountants Name / Details if Self Employed  Accountants Phone Number

Name of Previous Employer  Position/Title/Occupation  Commencement Date  Termination Date

### PARTNER DETAILS (SPOUSE/DEFACTO THAT IS LIVING WITH YOU)

Surname  Given Names  Drivers Licence No.  Date of Birth

Name of Current Employer  Position/Title/Occupation  Commencement Date

Address of Current Employer  Work Status  Full time – Perm  Self Employed

Suburb  State  Postcode   Part time  Retired

Telephone – Main Switch  Telephone – Direct Extension   Casual/Seasonal  Home Duties

### YOUR MONTHLY INCOME DETAILS (NET AFTER TAX/TAKE HOME PAY)

Wage/Salary	\$ <input type="text"/>	per month	Bonus/Commission	\$ <input type="text"/>	per month
Rental Income (Invest.Prop)	\$ <input type="text"/>	per month	Centrelink	\$ <input type="text"/>	per month
Child Support Agency	\$ <input type="text"/>	per month	<b>Partner's Net Income</b>	\$ <input type="text"/>	<b>per month</b>

## STATEMENT OF PERSONAL ASSETS & LIABILITIES

Assets		Liabilities	
House (residential)	\$	House Mortgage	Bank/Fin. Inst
Other Real Estate #1	\$	Other Mortgages	Original Amt
Other Real Estate #2	\$	Car Loan #1	Min Mthly Pmts
Motor Vehicle #1	\$	Car Loan #2	Balance (approx.)
Motor Vehicle #2	\$	Personal Loan	
Furniture/Contents	\$	Other Loan	
Shares/Portfolio	\$	Rent or Board	per month
Term Deposit	\$		
Savings Acc.	\$		
Cash at Bank/On Hand	\$		
Other	\$		

  

Type	Limit	Min. Monthly Pmts.	Balance (approx.)
Credit Card #1			
Credit Card #2			
Credit Card #3			

## DETAILS OF PARENT OR RELATIVE

Name	Address		
Phone	Suburb	State	Postcode

## DIRECT DEBIT REQUEST

**YES, please enrol me in the Mediplan Membership Program**

I request you, Mediplan Australia Pty Ltd ABN 98 114 411 479 (Direct Debit User ID 219733) to arrange for any amounts which become payable in relation to the Mediplan Member Program, (currently \$12 per month which is debited on the 1st of each month), to be debited from my account at the financial institution nominated below. I acknowledge that this Direct Debit arrangement is governed by the terms of the Client Service Agreement received from Mediplan Australia Pty Ltd.

Account Name	Name and Branch of Financial Institution
BSB No.	Account No.

## YOUR SIGNATURE PLEASE

**IMPORTANT!** By signing below you agree to the Fine Print contained on the reverse of this application.

Signature of Applicant & Account Holder

Date  /  /

**IMPORTANT!** Please include a clear photocopy of:

- Evidence of your Income (ie. 2 x recent Pay Slips **OR** Letter of Employment **OR** if self employed, last years Personal Tax Returns)
- Your Drivers Licence
- A recent Bank Statement confirming BSB and Account numbers for Direct Debiting

**Please return to:**

**Mediplan**  
**Reply Paid 354**  
**Ormond VIC 3204**  
**OR Fax to:**  
**(03) 9578 2144**

## The Fine Print

'Mediplan' means Mediplan Australia Pty Ltd ABN 98 114 411 479 and "MFA" means Medical Funds Australia Pty Ltd ABN 38 106 974 654.

## Privacy Declaration

### Personal Information

I agree that Mediplan and MFA may exchange personal information about me, including information I provide and information about how my account is used. They can use my information to assess my Mediplan application, to manage my account, my relationship with them, my relationship with my doctor(s) / hospital(s) / clinic(s) and medical suppliers, to administer and market the Mediplan Membership program and to run their business.

I agree that Mediplan and MFA may share my information with other affiliated companies and with other companies involved with the membership program. I agree that each of these companies can also share my information with third parties who work with them in order to manage my account or my relationship with them including mail houses and IT consultants and with anyone else where the law says they must.

I agree that Mediplan and other affiliated companies may also use the information to let me know about other things that may or may not interest me from time to time including other financial services and products. If I don't want them to do this I can let them know.

I understand that if I don't give the information this form asks for or if I don't agree to this privacy declaration MFA might decline my application.

### Credit Information (Privacy Act 1988)

The Lender means, MFA, any manager, any servicing company or any authorised agent of the lender who for the purposes of the Privacy Act 1988 is a Credit Provider. Mediplan is not a credit provider.

### Notice that credit information may be given to a credit reporting agency.

The Privacy Act (1988) allows The Lender to give a credit reporting agency certain personal information about me which I authorise The Lender to do.

This Information includes:-

- my identification
- that credit has been applied for and the amount
- that The Lender is a current credit provider to me
- details of my payments which become overdue for more than 60 days and for which collection activity has commenced
- that payments are no longer overdue
- that in the opinion of The Lender I have committed a serious credit infringement
- that the credit provided to me by The Lender has been paid or discharged

### Authority to obtain certain credit information.

To enable the Lender to assess my application for personal or commercial credit, I authorise the Lender to obtain:

- from a credit reporting agency, a credit report containing personal or commercial information about me in relation to personal or commercial credit provided to me
- from a business which provides information about the commercial credit worthiness of

persons, information about my commercial activities or commercial credit worthiness.

### Authority to exchange credit information with other credit providers.

I authorise the Lender to give to and obtain from other credit providers named either in this application or in a credit report issued by a credit reporting agency any information about my credit worthiness, credit standing, credit history or credit capacity. This information may be used to :

- assess my application and/or credit worthiness
- assist me to avoid defaulting on my credit obligations
- notify other credit providers of a default by me.

### Other Acknowledgements and Consents

- I confirm that the information contained in this application and the financial information supporting it are in all respects complete and correct. I acknowledge that the lender will rely on this information when making its decision.
- I acknowledge that the lender has the right to confirm the details of the information provided and may contact my employer and/or accountant to verify such details.
- I acknowledge that this application form is not to be regarded as an offer or acceptance of credit under any legislation relating to the provision of credit.
- I have read, understand and agree to The Fine Print, acknowledgements and consents contained in The Privacy Declaration.

## Client Service Agreement

### 1.0 Definitions

ACCOUNT means the account held by you at your financial institution from which we are authorised to arrange funds to be debited.

AGREEMENT means this direct debit request service agreement between you and Mediplan Australia P/L.

BANKING DAY means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

DEBIT PAYMENT means a particular transaction where a debit is made.

DIRECT DEBIT REQUEST means the direct debit request between you and us.

US or WE means Mediplan Australia P/L (the debit user) you have authorised by a signed direct debit request.

YOU means the person/entity who signed the direct debit request.

YOUR ACCOUNT means the account nominated by you to be debited.

YOUR FINANCIAL INSTITUTION means the financial institution where you hold the account that you have authorised us to debit.

### 2.0 Debiting your account

- 2.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account.
- 2.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.
- 2.3 If a nominated debit day falls on a day that is a non-banking day, we may direct your financial institution to debit your account on the next following banking day.

### 3.0 Changes by us

- 3.1 We may vary any details of this agreement or the direct debit request at any time by giving you at least fourteen (14) days notice.

### 4.0 Changes by you

- 4.1 You may change any details of the direct debit request by notifying us in writing at least fourteen (14) days before the next debit day.
- 4.2 You may terminate your Direct Debit Request and/or stop payment of a drawing(s) at any time by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received at least 14 business days prior to the due date.

### 5.0 Your obligations

- 5.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 5.2 If there are insufficient clear funds in your account to meet a debit payment:
  - A. You may be charged a fee and/or interest by your financial institution;
  - B. You may also incur fees or charges imposed or incurred by us; and
  - C. You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 5.3 You should check your account statement to verify that the amounts debited from your account are correct.

### 6.0 Dispute

- 6.1 If you believe that there has been an error in debiting your account, you should notify our accounts department immediately on 1300 1300 12 and confirm that notice in writing with us as soon as possible so that the matter can be resolved quickly and efficiently.
- 6.2 If we conclude as a result of our investigations that your account has been incorrectly debited we respond by adjusting your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 6.3 If we concluded as a result of our investigations that your account has not been incorrectly debited we will respond by providing with reasons and any evidence for this finding.
- 6.4 Any queries you may have about an error made in debiting your account may directed to us in the first instance so that we can attempt to resolve the matter between us and you.
- 6.5 Where you consider that a drawing has been initiated incorrectly (outside Mediplan's arrangements) you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.

### 7.0 Accounts

- 7.1 You should check:
  - A. With your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
  - B. Your account details which you have provided to us are correct by checking them against a recent account statement.
  - C. With your financial institution if you have any queries regarding sections 7a and 7b.

### 8.0 Confidentiality

- 8.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to the information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 8.2 We will only disclose information that we have about you:
  - A. To the extent specifically required by law; or
  - B. For the purposes of this agreement (including disclosing information in connection with a query or a claim).