



## Section D: Refund instructions (if you are entitled to a refund)

Refunds can be paid via direct credit to a bank, building society account or credit union account. All payments made by credit card will be refunded into that credit card account only.

We will allow any consumer who has not yet made a claim, to cancel their private health insurance policy and receive a full refund of any premiums paid within a period of 30 days from the commencement date of their policy.

I authorise Bupa to credit my any refund amount to:

my existing direct debit account, or

the following account:

Account name

BSB number

Bank account number

## Section E: Cancellation declaration

I declare that the above information is true and correct. I understand that Bupa is under no obligation to verify the authority of the undersigned or the bank account details. In cancelling my membership, I understand that if I, or other family members covered on the membership, rejoin at a later date, it may be necessary to re-serve all waiting periods and a Lifetime Health Cover loading may apply. I understand my membership will be cancelled from the date to which it is currently paid, unless specified above. I understand that Bupa may contact me to discuss my cancellation request.

### Privacy Statement

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices, please refer to our *Information Handling Policy*, available on our website or by calling us. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007 (Cth)*. We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 15 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Signature of Policyholder

Date

Partner's signature

Date

This information will only be used for the purpose of arranging your cancellation and we may need to contact you about this. We will not disclose this information to anyone else unless requested. For a copy of our privacy statement please contact us or visit our website.

## Just before you send

Check that you have signed all the signature boxes relevant to your application, including this declaration.  
**PLEASE DO NOT STAPLE.**

Please mail your application to:

**Bupa Health Insurance GPO Box 2213 BRISBANE QLD 4000**

Alternatively, you can drop by a Bupa Health Insurance store.

If you would like any assistance, please call us on **134 135**. If you are on Overseas Student Health Cover, please call us on 1800 888 942.

Bupa HI Pty Ltd ABN 81 000 057 590

### OFFICE USE ONLY

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