

Private Health Insurance Advisory (Aust) Pty Ltd

The Private Health Insurance Advisory (PHIA) is an independent company whose role is to provide a service to assist the general public find value-for-money health insurance to meet their particular needs. Australian Citizens or Permanent Residents with a Medicare number are entitled to take out Private Health Insurance. The PHIA has helped thousands of people Australia-wide since it commenced business on the Sunshine Coast in January 1995.

The products and packages consumers receive from PHIA are generally the result of personal research conducted for our clients and have been selected for their value in relation to premiums and benefits. The PHIA **does not charge** for this service.

A number of Health Funds have agency agreements with PHIA and remunerate the PHIA by commission. Importantly, there are no additional costs in the form of fees or increased premiums by utilising PHIA's services.

Currently 38 Funds operate in Australia, of which 14 are Restricted Membership Funds. Membership of a Restricted Fund is not available to the general public and is usually limited to people in specific employment groups or professional associations.

The remaining 24 Health Funds are "Open Funds" meaning anyone can join; however PHIA does not deal with all Open Funds. Some funds, for example, prefer only to make their products available through Fund Offices or in specific States or Territories, and have not made a distribution / agency agreement available to PHIA, while others do not have products that PHIA considers being good value for money.

PHIA's assessment process will take into account any current health insurance policy you may have and will select health cover options based on your specific needs as indicated by you on the assessment form provided.



Assessment form

Main Surname: Mr/Mrs/Ms _____

Given Name: _____

Birth Date: _____

Spouse/Partner Name: _____

Birth Date: _____

Contact Phone Home: _____

Work: _____

Address: _____

State: _____ Postcode: _____

E-mail address: _____

Type of cover: Single Couple Family

Number of dependant children: _____

Ages: _____

Do you have a Medicare Card? Yes No

Do you currently have Hospital Cover? Yes No

Were you overseas on 1st July 2000? Yes No

Do you currently have Ancillary(Extras)? Yes No

Name of current health fund: _____

Name/Level of cover: _____

Excess? \$ _____ per year \$ _____ per visit

Current premium per: Month \$ _____ Year \$ _____

(after deducting the 30% rebate)

Lifetime Health Cover Loading (LHC).

Date joined cover if since 30/06/00 _____

Do you or partner have a (LHC) Loading? Yes No

If yes, You-LHC _____%; Partner-LHC _____%

Or If yes, what is your CAE(s) - **Certified Age of Entry?**

You-CAE _____ Partner-CAE _____

Hospital Cover

Do you require Hospital Cover? Yes No

Want an excess to reduce the premium? Yes No

Do you require Maternity/Obstetrics cover? Yes No

• In a Private Hospital? Yes No

• In a Public Hospital? Yes No

Do you require IVF/GIFT etc? Yes No

Do you simply want a low cost policy to:

• avoid the Medicare Levy Surcharge? Yes No

• retain your Lifetime Health Cover rating? Yes No

Condition(s) to be covered _____

Ancillary (Extras) Cover

Do you require Ancillary cover? Yes No

If "Yes"

please indicate the importance of the services (on right) by placing a tick in one of the boxes adjacent to each service.

V = Very important

M = Moderate use

S = Seldom use

N = Never use

| Service | V | M | S | N |
|---------------------------------|---|---|---|---|
| General Dental | | | | |
| Major Dental | | | | |
| Orthodontic | | | | |
| Optical | | | | |
| Physiotherapy | | | | |
| Chiropractic/Osteo | | | | |
| Podiatry | | | | |
| Psychology | | | | |
| Natural Therapies | | | | |
| Practitioner Dispensed Remedies | | | | |
| Others—Please specify | | | | |

Current orthodontic treatment started ? Yes No

Premiums vs. Cover

Some people are prepared to accept a lower level of cover for a lower premium while others are willing to pay a little more* for a higher level of protection. In which category do you fall? (Please tick one option only)

Lower cover/lower premium

Competitive cover and premium

Higher cover and premium*

*Does not mean a higher premium than your existing cover (if applicable) but indicates that a comprehensive cover is required.

Please return this completed Assessment Form to the:

Private Health Insurance Advisory 81 Gloucester Road,
Buderim Qld 4556 Or Fax: 07 5445 2074