



The smart choice for health cover



Overseas Visitors
Hospital and Medical Insurance



Australia's first certified Carbon Neutral health fund.

Contents

For calls made within Australia: 1300 13 40 60

For calls made from outside of Australia, dial the international access code from the country you are calling, then dial: 61 8 9227 4227

Email: info@hif.com.au

Internet: www.hif.com.au

Fax: Dial the international access code from the country you are calling, then dial: 61 8 9328 3345

Or you can write to: HIF, GPO Box X2221, Perth WA 6847

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Health cover for overseas visitors and workers

Taxation

Overseas Hospital and Medical Insurance is designed for international visitors who are in Australia for business purposes or temporary residents, residents of Norfolk Island and other residents in Australia who are not eligible for full Medicare entitlements.

As a visitor to Australia you may not be entitled to receive full benefits under Australia's Public health program, Medicare.

Should you need hospitalisation or any medical treatment while you are in Australia, you will be required to pay for this.

As health and medical services in Australia can be expensive, health insurance cover for visitors is highly recommended.

Residents of some countries are entitled to limited access to Medicare for immediately necessary* treatment only with some restrictions applying. Please call 1300 13 40 60 to find out more.

If you qualify for limited Medicare benefits you will not be covered for treatment in a private hospital, you will not be able to choose your own doctor while in hospital, and you will not be covered for non-immediate doctor's visits nor for other ancillary services such as dental, optical care or ambulance transport.

Hospital stays can be expensive with an emergency appendix removal costing anywhere between \$1,200 to \$28,000.

HIF can help cover these unexpected costs. Please call 1300 13 40 60 to find out more.

* Immediately necessary treatment refers to any ill health or injury which occurs while you are in Australia and requires treatment before you return home.

If you are an Australian resident for taxation purposes, including a resident of a country which has a Reciprocal Health Care Agreement with Australia, you may be required to pay the Medicare Levy and the Medicare Levy Surcharge (MLS). The Medicare Levy is imposed by the Australian Government to fund the Medicare scheme. It is normally calculated at 1.5% of your annual taxable income, but this rate may vary depending on your circumstances.

The MLS is an additional 1% tax imposed on individuals and families on higher incomes who do not have an appropriate level of cover for themselves and all of their dependants. Currently the annual tax income threshold for an individual is AUD\$70,000 per year and AUD\$140,000 per year for couples and most families.

The AUD\$140,000 threshold increases by AUD\$1,500 for each additional child after the first.

The 1% surcharge applies proportionately for any period during the tax year when an appropriate cover was not held.

Overseas hospital and medical insurance will not exempt you from the Medicare Levy Surcharge, however we can give advice on how you can avoid paying the levy.

For more information please call HIF on 1300 13 40 60. Alternatively you can contact the Australian Tax Office on 13 28 61 or Medicare Australia on 13 20 11 and visit their websites at ato.gov.au and medicareaustralia.gov.au respectively.

Smart Choice Private Health Insurance with HIF

Peace of Mind

HIF private health cover brings the peace of mind that your health and that of your family will be looked after to the highest standard, without the worry of hospital waiting lists for emergency treatment. Your cover starts the day you arrive in Australia and you can also purchase cover from overseas or arrange for a family member to join for you.

Choice

You can choose the hospital in which you would like to be treated, as well as the doctor or specialist you would like to have attend to you. You can also choose to have a private room.

Quality

With private health cover you are making a commitment to protect and preserve your precious health in the best possible way, so that you and your family can get on with life.

Types of Private Cover

Private health insurance covers you outside the normal Medicare benefits. Hospital Cover insures you for:

- Private room in a public hospital
- Private room in a private hospital (with relevant cover)

Ancillary Cover* insures you for services that include:

- Acupuncture
- Ambulance
- Chiropractic
- Complementary Therapies
- Dental
- Dietetics
- Healthy Lifestyle
- Occupational therapy
- Optical
- Pharmacy
- Physiotherapy
- Podiatry
- Psychological services

* Availability of services dependent on level of cover

Medical cover insures you for:

- Consultations
- Medical treatment
- Pathology
- Xrays
- Surgical procedures
- Any other medical – related services for which an Australian resident is covered by Medicare
- Contributions towards consultations at medical practitioners' surgeries, up to the Medicare Benefit Schedule Fee.

Hospital Cover Options

You can choose from two hospital cover policy options:

- Hospital and Medical cover
- Hospital and Medical Saver cover – with an excess

What's the difference?

Your benefits and entitlements are exactly the same for both covers, but on the Saver Cover your premiums are lower as you agree to pay the first \$200 for any overnight hospital admission per person to a maximum of \$200 on a single policy and \$400 on a family policy in each calendar year.

HIF Overseas Hospital Cover

Included in your policy	Hospital and Medical Cover	Hospital and Medical Saver Cover
Private Room	✓	✓
Shared Room	✓	✓
Excess on policy	✗	✓
Intensive Care	✓	✓
Private hospital theatre charges	✓	✓
365 days per year cover, subject to Approved Certification after 35 days	✓	✓
Same-day accommodation and theatre costs	✓	✓
Medical practitioner rebates	✓	✓
In-hospital procedure room fees	✓	✓
Artificial appliances and prostheses during surgery, e.g. joints, heart valves	✓	✓
Pregnancy and birth related procedures	✓	✓
Cardio-thoracic surgery and procedures, e.g. heart bypass, angiogram, coronary care, lung surgery	✓	✓
Eye surgery, e.g. cataract and pterygium removal, lens transplant	✓	✓
Joint replacement surgery, e.g. hip, knee	✓	✓

Hospital Cover Waiting Periods

From the date you join, you are not covered for services or treatment during the following waiting periods specified:

2 Months

All services unless that service is listed below as having a longer waiting period. This waiting period will be waived if you join within one month of arriving in Australia or if the treatment relates to an accident.

12 Months

All pregnancy related services and pre-existing ailments

24 Months

Orthopaedic surgery involving joint replacement.



What does HIF Ancillary Cover include?

The wide range of everyday health needs that are not covered by Medicare can be covered by one of our smart ancillary options.

Some of the most commonly used health services covered include:

- Ambulance
- Chiropractic
- Complementary Therapies
- Dental
- Optical
- Pharmacy
- Physiotherapy

A choice of Ancillary Cover from HIF

Depending on your health and lifestyle, you can select an HIF option that will provide cover for the services you are likely to need.

The four different HIF Ancillary Covers have been designed to give you a choice of cover to suit your needs, lifestyle and budget.

Premium Options

Highest Ancillary Cover with extras

The widest and most comprehensive range of services covered, with higher rebates and annual limits applying to a number of services.

Super Options

Top Ancillary Cover

A comprehensive range of services covered, with the exception of first aid courses.

Special Options

Intermediate Ancillary Cover

An intermediate range of services covered including ambulance, major dental, optical, physiotherapy, complementary therapies and many more.

Saver Options

Basic Ancillary Cover

A limited range of everyday general services covered to suit the budget conscious.

SmartTeeth Dental

All ancillary options covers include access to HIF's SmartTeeth dental rebates.

Combine HIF Hospital and Ancillary cover to give you and your family excellent health insurance and complete peace of mind.



Choose the HIF Ancillary Cover that suits you

Type of Service	Premium Options	Super Options	Special Options	Saver Options	Waiting Period
Ambulance	✓	✓	✓	✓	2 Month Waiting Period
Auxiliary Home Nursing	✓	✓	X	X	
Asthmatic Spacers	✓	✓	X	X	
Chiropractic	✓	✓	✓	✓	
Complementary Therapies	✓	✓	✓	✓	
Dental - General Unlimited	✓	✓	✓	✓	
Diabetes Education	✓	✓	X	X	
Dietetics	✓	✓	✓	✓	
First Aid Courses	✓	X	X	X	
Healthy Lifestyle	✓	✓	✓	✓	
Occupational Therapy	✓	✓	X	X	
Optical	✓	✓	✓	✓	
Orthoptics (Eye Therapy)	✓	✓	X	X	
Osteopathy	✓	✓	✓	✓	
Peak-flow Meter	✓	✓	X	X	
Pharmacy Drugs	✓	✓	✓	✓	
Physiotherapy	✓	✓	✓	✓	
Podiatry Visits	✓	✓	✓	✓	
Speech Therapy	✓	✓	X	X	
Dental - General Limited#	✓	✓	✓	✓	Up to 12 Month Waiting Period
Blood Glucose/Pressure Monitor	✓	✓	X	X	12 Month Waiting Period
Dental - Major	✓	✓	✓	X	
Nebuliser/Humidifier	✓	✓	X	X	
Orthotic Appliances	✓	✓	X	X	
Psychological Consultations	✓	✓	X	X	36 Month Waiting Period
Assisted Reproduction Drugs	✓	✓	X	X	
Hearing Aids	✓	✓	X	X	

For items or services not listed in the above table, please contact HIF for details on coverage.

#Please contact HIF before commencing treatment with full details of the necessary dental service as provided by the dentist and we will provide you with an estimate of your refund.

Corporate Overseas Visitors Hospital and Medical Insurance

Corporate Overseas Visitors Hospital and Medical Insurance cover is an essential consideration for employers who are sponsoring employees from overseas to work within their company.

Medical and Hospital emergencies can be very costly to a company, and with the added pressure of the employee being absent for work whilst being treated, this can create a substantial financial burden. Overseas Visitors Hospital and Medical Insurance gives you peace of mind that your employees are covered for those unexpected incidents.

HIF has a number of overseas visitor cover solutions that will facilitate access to benefits normally provided under Medicare claiming. We will assist your employees to understand the Australian Private Health System and also help them to obtain maximum value from their membership.

Department of Immigration and Citizenship - Regulations from 1 November 2005

Sponsoring a Temporary Resident to Australia involves accepting responsibility for:

- the medical and hospital expenses incurred by the sponsored person for treatment administered in a public hospital.
- the costs of return travel to home country.

Note that these undertakings differ from those required of sponsors who lodged their sponsorship application prior to 1 November 2005.

This undertaking releases the Australian Government from any liability for the medical and hospital costs incurred in a public hospital, and places the responsibility on the Employer/Sponsor.

Employers/Sponsors can require sponsored employees to sign an employee agreement requiring the employee to maintain health insurance which is deemed acceptable to the Employer/Sponsor.

Please note that, where an applicant is working for a Sponsor on a subclass 457 visa, the Sponsor's obligations remain in force until the visa holder is granted permanent residence. This does not change if the 457 visa holder is issued with an Interim Medicare Card, as advised by Business Employment Section, Department of Immigration and Citizenship (November 2004).

We can help you ensure you are meeting the responsibilities for 457 and other visas. Please call 1300 13 40 60 for more information.

Important Information

Exclusions

Holders of Overseas Visitors Hospital and Medical cover will not be covered for the following services:

- Artificial Reproductive Techniques
- Cosmetic surgery
- Psychiatric care or treatment
- Renal Dialysis
- Rehabilitation
- Sterilisation or reversal of sterilisation
- Services relating to sleep disorders
- Services provided in a nursing home
- Services not covered by Medicare , eg health screening, insurance examinations and services that do not have an MBS item number

Please note HIF will not pay a benefit in the following circumstances:

- When a claim for any form of compensation or damages can or will be made
- Where benefits are payable from any other source
- When travelling to and from Australia
- When services are provided outside Australia

How to join and pay

If you've decided on your cover or if you still have a few questions you'd like to ask a consultant before joining HIF, you can follow up in several ways:

- **In Person**
Speak to an HIF customer service consultant at our Perth Office: 60 Stirling Street (8.30am - 4.30pm)
- **Post**
Fill out the forms in this brochure and post to:
HIF, GPO Box X2221, Perth WA 6847
- **Telephone**
Call HIF to speak to a consultant and join over the phone:
1300 13 40 60
- **Online**
Visit our website to get a quote and join online at
www.hif.com.au or email info@hif.com.au

Joining HIF

If you decide to join HIF you will need to complete a Membership Application form, which can be found in the back of the brochure. Subject to the Constitution and Rules of HIF, your membership will commence on the date your completed application form is lodged with HIF, or a date after the date of lodgement that is nominated by the applicant. The date of lodgement is the date the application is received by HIF.

Transferring from another fund

If you are transferring from another fund, simply include all the details on your application and we will arrange the transfer on your behalf. HIF will also honour your last 12 months equivalent cover with your previous fund to help you accrue long-term member status faster.

Cooling Off Period

When you have applied for an HIF membership, you have 30 days to read your policy. If you decide during this time that you do not wish to take up the cover, you may cancel the policy and HIF will give you a full refund, provided you have not made a claim.

Member Rewards

Existing members who recommend new members to HIF will be rewarded. If a new member decides to join as the result of your recommendation, you'll get a choice of one of a number of great gifts such as \$70 giftcards to major shopping chains or bottles of wine. Contact HIF for our latest list of reward gifts and terms and conditions.

Discounted Rates

Premiums are discounted for members who pay in advance via direct debit or manual invoice: 2% for half-yearly and 4% for yearly.

Direct Debit

This is the most popular, flexible and convenient payment option. Your premiums are automatically deducted and paid from your nominated financial institution account or your credit card.

Payroll Deduction

Please contact HIF to verify if your employer participates.

Manual Invoice

We will send you an account when your premium is due. The minimum payment period is monthly and payments can be made as follows:

- **Telephone**
Call HIF on 1300 13 40 60 for over the phone credit card payments.
- **BPay:**
Through your bank's telephone or internet banking system.
- **Billpay:**
Phone or access via the internet.
- **In Person**
At HIF or any Australia Post branch.
- **Post**
Post your cheque or money order, including the lower half of your invoice to: HIF, GPO Box X2221, Perth WA 6847

Electronic Claiming

Providers with electronic claiming technology (HICAPS or IBA) can settle the account with you on the spot by using your HIF membership card. All you need to do is pay the difference, if any.

Cash Claims

You can lodge paid ancillary accounts at our HIF Perth Office or regional Cash Claims Agents, or request the money to be paid into your nominated bank account.

Hospital and AccessGap Accounts

Your doctor may send the accounts to HIF direct. If not, you can send the unpaid account to us for processing the HIF and Medicare benefits payable. We will then send the payment direct to the doctor or hospital on your behalf.

By Post

Complete a claim form and post it to HIF. Forms can be posted to you or downloaded from our website at: www.hif.com.au

All providers must be registered with HIF for claim benefits to be paid. Benefits will not be paid for any hospital or ancillary costs incurred outside of Australia.

Fast-Track Claiming

Try our quick and easy Fast-Track ancillary claims option. Simply send your completed HIF claim form, provider invoice and receipt to:

Fax: (08) 9328 1685

Email: claims@hif.com.au

Conditions apply, for details please call HIF on 1300 13 40 60 or download the claim form from www.hif.com.au

Please ensure that you all provide all required information when completing the form in this brochure.

Please mail your form and any supporting documentation to: HIF, GPO Box X2221, Perth WA 6847.

Direct Debit Request

Fill in this part of the form if you would like automatic deductions from your bank account or credit card.

Payroll Deduction Authority

Fill in this part of the form if your employer offers this option.

Status Confirmation

Within one month of your arrival in Australia, please provide HIF with a copy of each person's passport details confirming arrival dates and visa in order to activate membership.

Transferring from Another Fund

Remember that prior fund membership with an overseas fund is not recognised when joining HIF Overseas Visitors Cover. All waiting periods will apply.

Refunds

If you do not arrive in Australia or you leave early, HIF will refund outstanding contributions.

Any Questions?

Please contact HIF on 1300 13 40 60 should you need further information or assistance to complete your application.

Privacy of your Personal Information

- All personal information collected by HIF will be used solely in relation to your HIF membership.
- Details of your cover with the Fund will be disclosed to a hospital on request if you have been or are about to be admitted, to enable the hospital to advise you of any out-of-pocket expenses you may incur.
- A copy of the HIF Privacy Policy is available on request.



Membership Application

Post this application to: HIF, 60 Stirling Street, Perth WA 6000. Phone 1300 16 40 60

A. Join / change cover.

Application / change required from / /

I wish to Join HIF (Complete sections A, B, C, D, E, F, G)

Change my cover (Complete sections A, B, D, G)

A copy of your visa must be attached - if possible, please refer to important information on page 20.

B. Applicant's name.

Mr Mrs Ms Miss Given Names Surname

Address Postcode

Telephone H W M Email

Are any persons on this policy Permanent Australian Residents? Yes No If yes, they cannot be included on this policy.

C. All persons to be covered including the applicant.

First name and initial	Surname (if different from above)	Birth date	Relationship	List any pre-existing condition or ailment

D. Type of cover.

Please note, if you are amending your level of cover, please tick all cover now required. Please select your hospital cover (with or without an excess). You may include Premium Options with your hospital policy.

Hospital Cover

Overseas Visitors Hospital and Medical Cover Overseas Visitors Hospital and Medical Cover Saver

Ancillary Cover

Premium Options Super Options Special Options Saver Options

E. Method of payment. Please tick one.

Direct Debit (on-going, account or credit card). Complete the Direct Debit Authority (Section G).

Payroll Deduction (contact fund for eligibility). Company Name

Cash, Cheque or Credit Card.

Please include your first payment if you elect to pay by cash, cheque or credit card. For automatic credit card payments, use the Direct Debit Authority.

Declaration

I declare that all details are true and correct and agree to be bound by the rules of HIF. I understand the Pre-existing Ailment Rule, Waiting Periods and Benefit Limits. I declare that students under 25 years on this membership are attending full-time courses.

Signature Date

SPOUSAL AUTHORITY YES

I hereby authorise the person identified as my Spouse or Partner on this application form to make any changes or alterations to my HIF Membership on my behalf, and claim for benefits on my behalf. However, there is no provision for cancellation of this membership by the Spouse / Partner named. Leave yes box blank if you do not want to grant spousal authority.

- You may request HIF to provide you with access to all stored personal information. Requests must be made in writing and will be acknowledged within 14 days of receipt.

Excess

The amount selected on a hospital cover which the primary member agrees to pay before a benefit will be payable by HIF.

HICAPS/IBA

Providers with HICAPS or IBA technology can electronically claim your benefit directly from the Fund.

Inpatient

A person who has been admitted into an approved hospital or day facility, allocated a bed and discharged following treatment.

Medicare Benefit Schedule

The schedule of benefits produced by the Department of Health and Aged Care, listing eligible services, fees and benefits for Medical Services, including inpatient services. The MBS is used to calculate the 75% Medicare benefit payable in respect to inpatient services.

Primary Member

The first named member irrespective of who pays contributions to HIF for the provision of health cover. The primary member also holds the legal responsibility to ensure the membership is kept financial at all times, and holds the right to add or remove dependants from the membership. In the instance that the primary member wishes to provide authority for another person to act on their behalf, a spousal/agents authority is required.

G. Direct Debit Request

Member Name

I / We
(Account holder/s given names) (Surname)

Authorise the Health Insurance Fund of WA (user ID No 1342) until further notice in writing, to arrange for my/our account (as detailed in the schedule below) to be debited as specified below, provided that if no amount is specified, the account may be debited with any amounts which the Debit User may properly debit or charge me/us through the Direct Debit System.

I/we have read the Direct Debit Service Agreement and agree to its terms. This request is to remain in force until cancelled, deferred or otherwise altered in accordance with the terms of the Direct Debit Service Agreement.

Signature 1
(If more than one signature required)

Date

Signature 2

Date

Please complete Section 1 and either Section 2 or 3

Section 1. Payment Frequency Details

This section must be completed for all account types.

I request that you debit my account in accordance with the following conditions and credit it to the HIF membership number shown above.

Payments are to be deducted: (tick one) Monthly Quarterly Six monthly Annually

Debit date: (tick one) 3rd 10th 17th 24th

Please note: Payments will be made on this date or the first working day after this date.

Fortnightly: I would like my first premium to be deducted to coincide with my payday on / /

Please note: Fortnightly debts will be made on the TUESDAY following your payday.

Section 2. Details of Account to be Debited

If unsure of any details, please contact your financial institution. Direct Debit is not available on the full range of accounts. (See Section 3 for credit card payment.)

Bank / Society

BSB Number

Account Number

Account Name

Would you like to have your claims benefits paid directly 3rd 10th 17th 24th

Section 3. Credit Card Debits

For automatic payment by credit card, please advise:

Visa Mastercard Bankcard Diner's Card

Card Number / / /

Expiry Date / /

Direct Debit Service Agreement

The agreement relates to direct debits conducted by HIF for the purposes of contribution payment.

- A. All communication regarding direct debits will be addressed to the member irrespective of whom the direct debit account holder is.
- B. Direct debits will be deducted on the date specified ("Debit Date") or day specified in the case of fortnightly deductions, if not a normal business day, then the first working day thereafter provided that if an event occurs which prevents that direct debit deduction, the deduction shall occur at the next available opportunity having regard to the nature, extent and severity of the event. Contributions are payable in advance and accounts will not be issued. Please contact your financial institution if you wish to know when the debit will be processed to your account.
- C. Direct debits are not available on all types of accounts. Please check with your financial institution to ensure that your account is acceptable. If you are uncertain of your account details, please refer to a recent account statement.
- D. HIF memberships paid pursuant to this agreement shall be in advance up to the next debit date or day as the case may be. The member authorises HIF to increase the amount of any one or more direct debits until all contributions in arrears (if any) are paid.
- E. The member is responsible for ensuring sufficient funds are available in the account to be debited to meet each of the payment deductions when they fall due (i.e. at each debit date) including any contributions in arrears (refer: D. above). Fees charged by financial institutions as a consequence of a direct debit rejection will be the responsibility of the member and will be charged by the financial institution to the member's account. HIF shall be entitled to recover any contributions in arrears in the manner specified in (refer d. above).
- F. In the event that two (2) consecutive direct debits are rejected, HIF may at its absolute discretion remove the member from the direct debit system, and in addition to any other course of action HIF might have in respect of the member's membership, HIF shall issue the member with a notice of rejection and a renewal notice.
- G. If a direct debit deduction payment is returned unpaid, HIF may charge the member an administration fee per rejection (not exceeding \$50 per rejection).
- H. Members will be advised at least 14 days prior to any increase in the direct debit amount where such an increase is due to a member's contribution rate increase. The member and all account holders hereby unconditionally authorise HIF to amend the periodic direct debit deduction amount to give effect to changes in the member's contributions as provided herein.
- I. ALL requests to cancel or stop individual direct debit deductions must be made addressed to HIF in writing by the member, and signed and dated by ALL account holders. The request MUST be received by HIF at least five (5) working days prior to the next debit date or day as the case may be. Faxed requests will be accepted, however telephone requests will NOT be accepted.
- J. ALL requests to defer a direct debit deduction or to alter the direct debit details referred to in the Direct Debit Request form must be made by the member to HIF in writing signed and dated by ALL account holders, and be received by HIF at least five (5) working days prior to the next debit date or day as the case may be. HIF is authorised by the member to deduct any additional amount as result of any variation (including but not limited to a change in cover, premiums or arrears payments) made to your membership at the next and any subsequent debit dates or days as the case may be until paid in full. Faxed requests from the member duly completed in accordance with this requirement, will be accepted, however telephone requests will NOT be accepted.
- K. Refunds of contributions will not be released back to the member within 14 working days from the debit date or day as the case may be.
- L. Any dispute between the member and HIF in relation to the amount or frequency of the direct debit deduction MUST be referred to HIF in writing signed by the member in the first instance, and upon such referral, HIF shall be granted a maximum of five (5) working days before the member shall be entitled to seek rectification / resolution by any other means.
- M. Except to the extent that disclosure is necessary in order to process direct debit deductions, investigate or resolve disputed transactions or is otherwise required by law, HIF will keep details of the member's account details and direct debit deductions confidential. The account holder(s) agree(s) that the member may be supplied with any relevant information in relation to their membership, and/or the direct debit system for the membership, which includes direct debits or direct credits for the membership.
- N. By signing the Direct Debit Request form, the member warrants that he/she/they is/are duly authorised to request direct debit deductions in respect of the account detailed in the Direct Debit Request form.



Health Insurance Fund of WA (HIF) ARBN 128 302 161
An association incorporated in Western Australia.
A registered private health insurer.

Call 1300 13 40 60

www.hif.com.au

info@hif.com.au

60 Stirling Street, Perth

The information in this brochure was correct on the 1st of April 2009.
Minor changes may have occurred since that date. If major changes occur,
the brochure will be reprinted. Details of minor changes can be obtained from the
Fund. This brochure supersedes all previous brochure information.