



# Application for registration as a private health insurer

**Form appreg001**  
 This form is issued under Part 126-10 of the  
*Private Health Insurance Act 2007*

Related forms  
**appreg002** – supporting documentation requirements

## Lodgement details

Who should PHIAC contact if there is a query about this form

Name

Position

Telephone number

Email address

## Particulars of organisation

Name of organisation

Address of Head Office

Incorporation details under the *Corporations Act 2001*

Australian Company Number	Date of registration	Place of registration
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

## Status of organisation

- |   |  |
|---|--|
| <input type="checkbox"/> Open           | <input type="checkbox"/> Restricted access |
| <input type="checkbox"/> Not for profit | <input type="checkbox"/> For profit        |

## Supporting documentation

Supporting documentation must be prepared in accordance with form appreg002 supporting documentation requirements

- |  |   |
|--|---|
| <input type="checkbox"/> Summary of Directors, Officers, Auditor and Appointed Actuary       | <input type="checkbox"/> Description of other activities of the organisation                          |
| <input type="checkbox"/> Two copies of the Instrument of Incorporation of the organisation   | <input type="checkbox"/> Business Plan  |
| <input type="checkbox"/> Two copies of the Constitution of the organisation                  | <input type="checkbox"/> Statement – Rules compliant to <i>Private Health Insurance Act 2007</i>      |
| <input type="checkbox"/> Two copies of the Rules of the organisation                         | <input type="checkbox"/> Statement – Appointed Actuary  |
| <input type="checkbox"/> Statement – general terms, in relation to each Director and Officer | <input type="checkbox"/> Information regarding the membership maintenance and claims payments systems |
| <input type="checkbox"/> Previous Annual Report to members                                   | <input type="checkbox"/> Auditor's certification  |
|  | <input type="checkbox"/> Risk Management Plan   |

The Council may request further information in support of this application.

---

## Signature

Application to be made by an officer of the organisation:

**officer**, of a private health insurer, means:

(a) a \*director of the insurer; or

(b) a \*chief executive officer of the insurer; or

(c) a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business of the insurer.

(*Private Health Insurance Act 2007*)

---

## Declaration by applicant

I, (Name of officer making application on behalf of the organisation)

Position of officer

of address

do hereby make application for the registration of the abovementioned organisation as a private health insurer under the *Private Health Insurance Act 2007* and declare that I am directed to make this application on behalf of the said organisation.

---

## Signature of applicant

I certify that the information provided is true and correct. I am aware that the giving of false or misleading information, documents or statements to the Private Health Insurance Administration Council is a serious offence under the Commonwealth's *Criminal Code Act 1995* and that the Criminal Code Act imposes substantial penalties, including imprisonment, for committing these offences.

Name of officer

Signature

Day

Month

Year

---

## Lodgement

Send completed, signed form with attachments to

Private Health Insurance Administration Council  
PO Box 4549,  
KINGSTON ACT 2604

For help or information

Telephone 02 6215 7900

Email [phiac@phiac.gov.au](mailto:phiac@phiac.gov.au)