



# Notification of change of Chief Executive Officer (CEO)

**Form cgeoff001**  
 This form is issued under Part 169-15 of the  
*Private Health Insurance Act 2007*

## Lodgement details

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

Name

Position

Name of private health insurer

Telephone number

Email address

## Particulars of change

Name of new CEO

Date of change  
 /  /

Attach Summary of Qualifications of new CEO

Telephone number      Fax number      Mobile  
           

Physical address

Postal address

Email address

Name of outgoing CEO

### Mailing list inclusion

Circulars       PHIAC Annual Report       Annual Report on health benefits funds       Membership & Coverage       Gap Stats

### Contact person for

PHIAC 1 Reporting       PHIAC 2 Reporting       PHIAC 3 Reporting       PHIAC 4 Reporting

## Signature

Application to be made by an officer of the private health insurer:

**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)*

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## Declaration by applicant

I, (Name of officer making application on behalf of the private health insurer)

Position of officer

of Address

do hereby notify the Private Health Insurance Administration Council of a change of CEO of the abovementioned 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 private health insurer.

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## Signature of applicant

I am aware that failure to provide the above information to the Private Health Insurance Administration Council within 28 days from the date of change is a Strict Liability 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

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## 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)