



# Notification of change of Director or contact details

**Form cgeoff002**

This form is issued under Section 1(6) of Schedule 1 of the *Private Health Insurance (Insurer Obligations) Rules 2009*.

## 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 Director

Executive Director

Non-Executive Director

Non-Executive and Independent Director

Note: Please refer to Rule 4 of the *Private Health Insurance (Insurer Obligations) Rules 2009* for definitions of the above terms.

Date of change

 /  / 

Telephone number

Fax number

Mobile

Email address

Residential address

Postal address (if different to residential address)

Name of outgoing Director (if a replacement)

Executive Director

Non-Executive Director

Non-Executive and Independent Director

## Director's skills, knowledge and experience

Please attach a statement describing the skills, knowledge and experience of the new director which address the requirements of Section 1(5) of Schedule 1 of the *Private Health Insurance (Insurer Obligations) Rules 2009*. Those being:

- (5) The directors must have a range of skills, knowledge and experience:
- (a) to understand collectively the risks to the private health insurer; and
  - (b) to understand the insurer's legal and prudential obligations; and
  - (c) to oversee effectively the management of the private health insurer; and
  - (d) to contribute effectively to the board's deliberations and processes.

This request for information is a requirement imposed by PHIAC pursuant to sections 172-1 and 264-20 of the *Private Health Insurance Act 2007*.

### Mailing list inclusion

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

---

## 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.

(Schedule 1 of the Private Health Insurance Act 2007)

---

## Declaration

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 Director of the aforementioned private health insurer under the *Private Health Insurance (Insurer Obligations) Rules 2009* and declare that I am directed to make this application on behalf of the said private health insurer.

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 this Act imposes substantial penalties, including imprisonment, for committing these offences. I am aware that failure to provide the above information to the Private Health Insurance Administration Council within 28 days from the date of the change is a breach of a prudential standard made under Division 163 of the *Private Health Insurance Act 2007*.

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)