



Notification of change of registration status

Form cgests001

This form is issued under Part 126-40 and 333-10 of the
Private Health Insurance Act 2007

Related forms
cgests002 – supporting documentation requirements

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

Current Status of private health insurer (choose one)
 Open Restricted access For profit

New Status of private health insurer (choose one)
 Restricted access Open Not for profit

The date of change is taken from the day after the day on which PHIAC receives this form.

Summary of notifications

What other Departments/agencies have you informed of this change

Supporting documentation

Refer form cgests002 for supporting documentation requirements

- | | |
|---|---|
| <input type="checkbox"/> Reason for Change Statement | <input type="checkbox"/> Summary of changes to the insurer's Rules |
| <input type="checkbox"/> Financial Impact Statement | <input type="checkbox"/> Summary of changes to the insurer's Constitution |
| <input type="checkbox"/> Policy Holder Impact Statement | <input type="checkbox"/> Statement – Appointed Actuary |

Signature

Notification 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

I, (Name of officer making notification 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 registration status of the abovementioned private health insurer under the *Private Health Insurance Act 2007* and declare that I am directed to make this notification on behalf of the said private health insurer.

Signature

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