



Application for conversion to for profit status

Form cgests003

This form is issued under Part 126-42 and 333-10 of the *Private Health Insurance Act 2007*

Related forms
cgests004 – supporting documentation requirements

Lodgement details

Who should PHIAAC contact if there is a query about this form?

Name

Position

Name of private health insurer

Telephone number

Email address

Particulars of change

Proposed date of change
 / /

Does this conversion involve a demutualisation (*please circle*) Yes / No

Summary of notifications

What other Departments/agencies have you informed of this change

Supporting documentation (Additional detail provided at cgests004 and practice notes)

Section 126-42(2)(b) of the Act requires all applications for a conversion to for profit status must include a conversion scheme:

Conversion Scheme

The following documents information or statements are to be supplied with the application if they are not detailed in the conversion scheme:

- | | |
|---|---|
| <input type="checkbox"/> Reason for change statement | <input type="checkbox"/> Payments to directors, officers, members, policy holders and staff arising from the conversion |
| <input type="checkbox"/> Financial impact statement | <input type="checkbox"/> List of proposed donations arising from the conversion |
| <input type="checkbox"/> Policy holder impact statement | <input type="checkbox"/> Proposed timeline for the conversion |
| <input type="checkbox"/> Summary of changes to the insurer's fund rules | <input type="checkbox"/> History of past private health insurance mergers and acquisitions of the insurer |
| <input type="checkbox"/> Summary of changes to the insurer's constitution | <input type="checkbox"/> Details of the proposed corporate structure |
| <input type="checkbox"/> Expert fees in the conversion | |

Refer form cgests004 for supporting documentation requirements

Signatures

Application to be made by an officer of the organisation and a director of the board:

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 of applicants

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

Position of officer

of Address

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

Position of Director

of Address

do hereby apply to the Private Health Insurance Administration Council for a conversion to for profit status 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. I certify that this application has been made pursuant to a resolution of the Board.

Signature of applicants

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

Name of director

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