



Application for the restructure of a health benefits fund

Form hbfres001

This form is issued under Part 146-1 of the
Private Health Insurance Act 2007

Related legislation
 Part 3, *Private Health Insurance (Health Benefit Fund Administration) Rules 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

Proposed restructure date

Date of change

Supporting documentation

Supporting documentation must be prepared in accordance *Private Health Insurance (Health Benefit Fund Administration) Rules 2007*, Part 3

- | | |
|--|--|
| <input type="checkbox"/> Restructure Proposal | <input type="checkbox"/> Statement – proposed changes to the rules |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Statement – issued to policy holders in relation to restructure <i>(if any)</i> |
| <input type="checkbox"/> Certification of Compliance | <input type="checkbox"/> Summary of any submissions to the insurer from policy holders <i>(if any)</i> |
| <input type="checkbox"/> Actuary's Report | |

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)

Declaration by applicant

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

Position of officer

of address

do hereby make application for the restructure of the abovementioned health benefits fund/s 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.

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