



# Application for the approval of the termination of a health benefits fund

**Form hbfter001**

This form is issued under Division 149 of the  
*Private Health Insurance Act 2007*

Related forms

**hbfter002** – Supporting documentation requirements

Related legislation

*Private Health Insurance (Health Benefits Fund Policy) 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 termination date

Date

---

## Supporting documentation

Supporting documentation must be prepared in accordance with form hbfter002 supporting documentation requirements

- Ongoing Operation Statement
- Actuary's Report
- Policy Holder Impact Statement
- Statement – compliance to *Private Health Insurance (Health Benefits Fund Policy) Rules 2007*

---

## 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 approval of termination 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](mailto:phiac@phiac.gov.au)