



# Application for the approval of a merger or acquisition arrangement

**Form meracq001**

This form is issued under Part 146-5 of the *Private Health Insurance Act 2007*

Related legislation  
 Rule 12, *Private Health Insurance (Health Benefit Fund Administration) Rules 2007*

## Lodgement details - Transferee insurer

Who should PHIAC contact if there is a query about this form

Name

Position

Name of private health insurer

Telephone number

Email address

## Lodgement details - Transferor insurer

Who should PHIAC contact if there is a query about this form

Name

Position

Name of private health insurer

Telephone number

Email address

## Supporting documentation

Supporting documentation must be prepared in accordance *Private Health Insurance (Health Benefit Fund Administration) Rules 2007*, Rule 12

- Copy of the merger or acquisition arrangement
- Statement/s – issued to policy holders in relation to merger or acquisition arrangement *(if any)*
- Summary of any submissions to the insurer/s from policy holders *(if any)*

### Transferee insurer documentation

- Business Plan/s
- Certification/s of Compliance
- Actuary's Report/s

### Transferor insurer documentation

- Certification/s of Compliance
- Actuary's Report/s

PHIAC requires Due Diligence Reports from both Transferee and Transferor to be lodged with this documentation.

Signature

Application to be made by an officer from both private health insurers:

**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 applicants

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

Position of officer

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

Position of officer

do hereby make an application for the approval of a merger or acquisition arrangement of the abovementioned private health insurers under the *Private Health Insurance Act 2007* and declare that we are directed to make this application on behalf of the said private health insurers.

Signature of applicants

We certify that the information provided is true and correct. We are 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.

Transferee insurer

Name of officer

Signature

Day

Month

Year

Transferor insurer

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)