



Notification of the establishment of a health benefits fund

Form newhbf001

This form is issued under Part 134-5 of the
Private Health Insurance Act 2007

Related forms
newhbf002 – supporting documentation requirements

Lodgement details

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

Name

Position

Telephone number

Email address

Particulars of private health insurer*

Name of private health insurer

Address of Head Office

Incorporation Details under the *Corporations Act 2001*
 Australian Company Number Date of registration / / Place of registration

Status of private health insurer
 Open Restricted access Not for profit For profit

Particulars of health benefits fund

Establishment date
 / /

Auditors Details
 Name

Address

Qualifications

Telephone number Email address

Appointed Actuary Details
 Name

Address

Qualifications

Telephone number Email address

* An organisation must be registered as a private health insurer to make this application

Supporting documentation

Supporting documentation must be prepared in accordance with form newhbf002 supporting documentation requirements

- Summary of changes to the insurer's rules
 - Business Plan for the health benefits fund
 - Statement – rules compliant to *Private Health Insurance Act 2007*
 - Dominant Purpose Statement
 - Statement – Appointed Actuary
-

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 notify the Private Health Insurance Administration Council of the establishment of a health benefits fund for 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 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