



PHOENIX HEALTH FUND LIMITED

ABN: 93 000 124 863
 PO Box 156, NEWCASTLE NSW 2300
 Ph: 02 4935 5738 or 02 4935 5741
 Freecall: 1800 028817 Fax: 02 4968 2229
 Webpage: www.phoenixhealthfund.com.au
 Email: enquiries@phoenixhealthfund.com.au

I am:

Transferring from another fund

Fund Name.....

Previous Fund Member No.....

Transferring from parent's membership

Previous PHF Member No.....

Phoenix Health Fund YOUNGSAVERS Application Form

Title	Surname	First Name	Second Name	Date of Birth	M/F
Home Address – Number & Street		Suburb & State		Postcode	
Postal Address (if different)		Suburb & State		Postcode	
Ph: Home		Ph: Work		Ph: Mobile	
Email Address:					

PAYMENT METHOD & Contribution Rate (tick one)

Please complete separate 30% Rebate Form if claiming Rebate

Monthly Direct Debit Amount \$.....
Direct Debit (15th of each mth) Please complete Direct Debit form)

Payroll Deduction OneSteel & Associated Companies

Weekly Amount \$.....
 Fortnightly Amount \$.....
 Monthly Amount \$.....

please complete separate Payroll Deduction Authority
 Company /Division Details Payroll Number.....
 Co. Name & Address.....

Phoenix YoungSavers Hospital Restrictions

Restricted Hospital Services	Tick
Cardiac – Cardio / Thoracic - Vascular	
Joint Replacements	
Major Eye Surgery – Cataract, IOL Surgery	
Dialysis	
Rehabilitation	
Palliative Care	
Obstetrics	
Assisted reproductive services e.g. IVF/ GIFT etc	
Psychiatric	
Excluded Hospital Services	Tick
Cosmetic Surgery – No Benefit Payable	
Hospital Excess	Tick
Same Day Hospital \$250	
Overnight Hospital \$500	

DIRECT PAYMENT of BENEFITS details

Please pay my claim benefit (where relevant) directly to my Bank, Building Society or Credit Union Account

BSB -

Acct No:

Account Name: _____

Institution & Branch _____

MEMBER ELIGIBILITY: Specify Reason for Eligibility

Current Employee of: _____

Former Employee of: _____

Immediate Family Member of current/former employee
 Employee's name _____

DECLARATION

I have read the information on the *Phoenix YoungSavers* "Hospital Excess" and "Restricted Services" and I understand that MINIMAL Private Hospital coverage is provided for the services listed under this category. I understand if I am admitted to a Private Hospital requiring one of these "Restricted Services" I will have a very large out of pocket expense. I have ticked each Excess and Restricted Service category listed to confirm I agree with these conditions. I consent to the collection and use by the fund of my information in accordance with the Fund's Privacy Policy.

I declare all statements are true and complete, and agree to be bound by the rules of Phoenix Health Fund. I have read and understand the rules relating to WAITING PERIODS, PRE-EXISTING CONDITIONS, RESTRICTIONS and EXCESSES for the Phoenix Young Saver Product. I understand that Phoenix may refuse payment of benefits if any of the details supplied are false. I understand there are penalties for giving false or misleading information in regards to the Federal Government Private Health Insurance rebate.

Office Use Only	Member to Serve Quals?	Group	Signed
			Joining date