

Premium Support Scheme

2012-13 Request Form

Complete this form if you wish to participate in the Premium Support Scheme for the period 1 July 2012 to 30 June 2013.

It is important that you fully understand the terms and conditions of the scheme before completing this form. You have until 30 June 2014 to submit a request to participate to Avant Insurance Limited.

submit a request to participate to Avant Insurance Limited.
1. Your personal details
Member ID
Name
Address
2. Is your name shown above exactly as it appears on Medicare's records?
□ No how is it recorded by Medicare?
3. Your Medicare provider number This number appears on your Medicare accounts and receipts, or can be obtained from Medicare Australia on 132 150. If you have more than one provider number, please give ONE only here.
Medicare provider number
4. Rural area practice Are you a General Practitioner practising in an area classified as a Rural Remote Metropolitan Area (RRMA) 3-7 by the Department of Health and Ageing?
☐ Yes ☐ No
If you need further information about RRMA classifications, please contact our Member Services team on 1800 128 268.
5. Public sector practice Do you practice in the public sector, with indemnity provided by a public sector organisation?
☐ Yes ☐ No
Please do NOT include your income from public work in your estimated income at question 6
6. Your estimated income What do you estimate your income* will be from your provision of private medical services for the policy period 1 July 2012 to 30 June 2013?

\$

www.avant.org.au .

Please give a dollar amount, not a range or band limit.

*Please refer to the definition of actual income in the 'Premium Support Scheme Terms and Conditions effective 1 July 2012' booklet found on our website at 7. Medical indemnity insurance with other insurers 7.1 Will you hold insurance with any other insurer or MDO during the period 1 July 2012 to 30 June 2013? ☐ Yes □ No ...go to 8 now 7.2 Will you pay that insurer a premium for run-off cover within the period 1 July 2012 to 30 June 2013? ☐ Yes □ No ...go to 8 now 7.3 Please give details: a) Insurer name Ь) Annual premium (excluding GST and Stamp Duty) 8. Overpaid PSS subsidy owed to other insurers Have you been overpaid a PSS subsidy in a previous premium period and not yet repaid the insurer? ☐ Yes ☐ No 9. Working overseas Are you going to practice as a doctor outside Australia for a total of 6 months or more (including holiday and sick leave) during the 2012-13 premium period? ☐ Yes □ No 10. Declaration Your signature below is your confirmation of each of the following: • I wish to participate in the Premium Support Scheme for 2012-13, and I understand and agree to the terms and conditions of the scheme set out in the 'Premium Support Scheme Terms and Conditions effective 1 July 2012' booklet. I am aware and understand that if I do not continue to meet my obligations under the scheme I will cease to be eligible for any subsidy granted to me under the scheme. • I declare that the information I have given on this form is true and correct. Date Signature

Please return form in reply paid envelope or send to Avant PO Box 746 Queen Victoria Building NSW 1234.