

Premium Support Scheme 2015 Request Form

If you wish to participate in the Premium Support Scheme for the period 1 January 2015 to 31 December 2015:

- Complete the online form by selecting Login/Register on avant.org.au and click on PSS Form under the Member Services tab at the top of the page
- Alternatively, return this form by email or post.

It is important that you fully understand the terms and conditions of the scheme before completing this form. You have until 31 December 2016 to 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?

- Yes
 No ... *how is it recorded by Medicare?*

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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 January 2015 to 31 December 2015?

\$

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 2014 booklet found on our website at avant.org.au

7. Medical indemnity insurance with other insurers

7.1 Will you hold insurance with any other insurer or MDO during the period 1 January 2015 to 31 December 2015?

- Yes
 No ...*go to 8 now*

7.2 Will you pay that insurer a premium for run-off cover within the period 1 January 2015 to 31 December 2015?

- Yes
 No ...*go to 8 now*

7.3 Please give details:

a)

Insurer name

b)

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 2015 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 2015, 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 2014 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.

Signature	Date
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Please return in paid envelope to Avant PO Box 746 Queen Victoria Building NSW 1230 or via email to memberservices@avant.org.au