**AUSTRALIAN GOVERNMENT**

***PRIVATE HEALTH INSURANCE ACT 2007***

**INSTRUMENT OF APPROVAL**

**APPROVED FORM FOR SUBSECTIONS 99-1(1)(a) and 99-1(3)(a)**

I, Celia Street, delegate of the Secretary of the Department of Health, acting pursuant to subsection 333-10 of the *Private Health Insurance Act 2007* (the Act):

1. REVOKE all previous approvals of forms for the purposes of subsections 99-1(1)(a) and 99-1(3)(a) of the Act; and
2. APPROVE the form set out below as the approved form for transfer certificates under subsection 99-1(1)(a) and 99-1(3)(a) of the Act:

Any document containing all of the items listed below:

**Certificate Level**

* 1. **Date of issue**
	2. **Membership Number**

**Policy level**

* 1. **Cover History** – Date From, Date To, Product Name, Scale, Product Type.
	2. **Product** – Product Name, Product Description, Exclusions (Y/N), Co-payments (Y/N), Waiting Periods (Y/N), Excess (Y/N), Lifetime Limits (Y/N).

**Insured Person Level**

* 1. **Policy** – Name, Relationship on policy, Sex, Date of Birth, Date Joined, End Date.
	2. **Lifetime Health Cover (**only required for any person over the age of 30.) – Person, Certified Age of Entry, Total Absent Days, Hospital End Date, Paid Hospital Days, Lifetime Health Cover % Override, Loading %.
	3. **Rebate Information** – Person, Date from, Savings Provision Entitlement (Y/N),

Savings Provision Entitlement Code, Department of Human Services Fund ID, Policy Number.

* 1. **Age-based Discount –** Person, Certified Discount Age, Percentage %, Hospital End Date.
	2. **Claims History – Hospital** (last period of hospitalisation) – Person, Date From, Date To, Hospital Wait Exemption Used.
	3. **Claims History – General Treatment –** Person, Modality, Benefit Paid in Limit Year.

This instrument takes effect on the date it is signed.[[1]](#footnote-1)

Dated this day of January 2019

Celia Street

Acting First Assistant Secretary

Medical Benefits Division

1. [↑](#footnote-ref-1)