

# Application for Premium Support Scheme (PSS)

Premium Period - 1 July 2011 to 30 June 2012

This form can be completed online by visiting Member Online Services on our website [www.mdanational.com.au](http://www.mdanational.com.au)

In completing the PSS Application form, please refer to the PSS Important Information booklet, effective from 1 July 2011, for definitions (\*) and terms and conditions of the Scheme.

|             |                      |
|-------------|----------------------|
| <b>Name</b> | <b>Member Number</b> |
|-------------|----------------------|

## Eligibility

- 1 Your Medicare Provider number**  
Any valid provider number is acceptable. □□□□□□□□
- 2 Your Estimated Gross Private Billings<sup>^</sup> for the Premium Period**  
Do not include billings derived from work in the Public Sector.  
<sup>^</sup>Gross Private Billings is taken to have the same meaning as Actual Income\*. \$□,□□□,□□□.00
- 3 For the Premium Period, will you pay any Run-Off or retroactive cover premiums, medical indemnity premiums or Membership subscriptions other than those you pay to us?**  
If **YES**, please provide the total premium amount (excluding GST and Stamp Duty). We will calculate your eligibility for the PSS based on our premium including the amount provided.  YES  NO  
\$□,□□□,□□□.00
- 4 During the Premium Period will you be practising overseas for a period of more than 6 months?**  
 YES  NO
- 5 a) If you are a Procedural GP and you will be practising in a rural area (RRMA 3-7) during the Premium Period, please provide the street address of your rural practice/hospital.**  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_
- b) During the Premium Period will you solely perform non-therapeutic cosmetic procedures\* other than your non-procedural work?**  
 YES  NO
- 6 Have you been overpaid a PSS subsidy in a previous Premium Period and not repaid the insurer?**  
If **YES**, please provide the total amount.  YES  NO  
\$□,□□□,□□□.00

## Declaration

1. I understand that by completing this declaration and providing information in this form, I am applying for a PSS payment under the Australian Government Premium Support Scheme for the period 1 July 2011 to 30 June 2012.
2. I understand that the terms and conditions of the Premium Support Scheme are set out in legislation and are subject to change from time to time. I accept the terms and conditions of the Scheme that are in force as at the date of my application.
3. I understand and agree that I remain liable to pay all premiums and Gross Indemnity Costs until a final decision is made regarding my eligibility for a PSS payment and that any payments made to me or on my behalf under the Scheme to which I am not entitled is a debt I owe to MDA National Insurance and is immediately due and payable.
4. I agree that with respect to the Premium Period 1 July 2011 to 30 June 2012, MDA National Insurance and The Medical Defence Association of Western Australia (Incorporated) (the Association) may release to Medicare Australia and any agency of, department of, or other body or person authorised by, the Commonwealth Government as may require it for the purposes of calculating, administering or auditing the PSS, information relating to me and my insurance cover relevant to PSS or my eligibility for the PSS. This includes the information provided in this form and any other information that MDA National Insurance or the Association holds about me.
5. In assessing whether I am an eligible Member under the Scheme and, if so, the amount of subsidy or advance subsidy payable. I acknowledge that Medicare Australia may have regard to any information in the possession of the Department of Health and Ageing or Medicare Australia, including information linked to my provider number.
6. I agree to notify MDA National Insurance of any change to the information provided in this form and information that may affect my entitlement to, or the amount of, a PSS payment.
7. I undertake to provide, when requested, any additional information required for the purposes of administering the PSS.
8. I understand that if I do not participate in and complete the risk management activities I am required to undertake by MDA National Insurance within the Premium Period and/or do not provide evidence of completion to MDA National Insurance within the required timeframe, I will not be eligible to receive a PSS payment.

## Please Sign and Date Here

|               |                    |
|---------------|--------------------|
| <b>Signed</b> | <b>Date</b> /    / |
|---------------|--------------------|

**Freecall:** 1800 011 255    **Member Services Fax:** 1300 011 244    **Email:** [peaceofmind@mdanational.com.au](mailto:peaceofmind@mdanational.com.au)    **Web:** [www.mdanational.com.au](http://www.mdanational.com.au)

**Registered Office:** MDA National, Level 3, 516 Hay Street, SUBIACO WA 6008    **Phone:** (08) 6461 3400    **Fax:** (08) 9415 1492

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