

## Application for Premium Support Scheme

Premium Period – 1 July 2009 to 30 June 2010

**ONLY COMPLETE THIS FORM IF YOU WISH TO APPLY FOR THE PREMIUM SUPPORT SCHEME (PSS) FOR THE 2009/10 YEAR.**

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

The Premium Support Scheme has been established by the Australian Government to provide financial assistance with medical indemnity premiums. You must apply separately for each year that you wish to be assessed for eligibility. Completing this form does not automatically entitle you to a PSS payment. If you are entitled to a PSS payment, we will claim the payment directly from Medicare Australia and invoice you for the balance of your premium. If your premium has been paid in full, we will refund to you the amount of the PSS payment. The Premium Period referred to in this application is 1 July 2009 to 30 June 2010.

For full details of the Scheme, please refer to the 2009/10 PSS Information Booklet.

### Will I be eligible for the PSS?

To be eligible for a PSS payment you must be one of the following:

- a Member whose Gross Indemnity Costs\* for the Premium Period exceed 7.5% of their Estimated Income\*; or
- a procedural General Practitioner practising in a rural area (RRMA 3-7); or
- a Member who received a payment under the Medical Indemnity Subsidy Scheme (MISS) and who meets certain requirements; or
- a Member who works only in the public sector (thereby earning no income from private practice) but has a contract of insurance which provides run-off cover or retroactive cover for incidents that occur in connection with past private medical practice. This does not include an insurance contract which only provides cover for medico-legal costs and/or damages in respect of gratuitous services.

\* Please refer to Section 14 of the 2009/10 PSS Information Booklet for definitions of Gross Indemnity Costs and Estimated Income.

Name	Member Number
<b>1. Provider Number</b>	
<b>1.1</b> What is your provider number? Note: Any valid provider number is acceptable.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>2. Gross Private Billings</b>	
<b>2.1</b> Please provide an estimate of your Gross Private Billings* for the premium period. Note: Do NOT provide a billings band. A dollar amount must be stated.	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
<i>*The term Gross Private Billings is taken to have the same meaning as Actual Income. Please refer to Section 14 of the 2009/10 PSS Information Booklet for a definition of Actual Income.</i>	
<b>2.2</b> If you will provide medical services in the public sector during the Premium Period and you are not indemnified by your employer for civil claims arising from this practise and you have/will purchase professional indemnity for this work, please provide an estimate of the Gross Annual Billings* generated by you from this practise.	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
<i>* Please refer to Section 14 of the 2009/10 PSS Information Booklet for a definition of Gross Annual Billings.</i>	

## Application for Premium Support Scheme - 1 July 2009 to 30 June 2010

3. Gross Indemnity Costs	
<p><b>3.1</b> 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 <b>NO</b>, please proceed to section 4.</p> <p><i>Note: Please refer to the definition of Gross Indemnity Costs in Section 14 of the 2009/10 PSS Information Booklet.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>3.2</b> If <b>YES</b>, please provide the amount and indicate the reason for such payments.</p>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<p>Run-off cover premium</p> <p>Retroactive cover premium</p> <p>Medical indemnity premiums and Membership subscription paid to another insurer</p> <p><i>Note: In order to assess your eligibility, we will add the amounts you declare here to your 2009/10 MDA National Membership subscription and MDA National Insurance premium.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Overseas Practise	
<p><b>4.1</b> During the premium period, will you be practising overseas for a period of more than 6 months?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Procedural General Practitioners Only	
<p><b>5.1</b> 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.</p>	
<p><b>5.2</b> During the Premium Period will you solely perform non-therapeutic cosmetic procedures*? <i>*Please refer to Section 14 of the 2009/10 PSS Information Booklet for a definition of non-therapeutic cosmetic procedures.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. PSS Debts	
<p><b>6.1</b> Do you have any outstanding PSS debts*? <i>*Please refer to Section 14 of the 2009/10 PSS Information Booklet for a definition of PSS debts.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## 7. 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 2009 to 30 June 2010.
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 2009 to 30 June 2010, 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 or administering or auditing the PSS, information relating to me and my insurance cover relevant to PSS or my eligibility for the PSS, including 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 acknowledge that MDA National Insurance may utilise information from Medicare Australia in relation to the UMP Support Payment.
7. 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.
8. I undertake to provide, when requested, any additional information required for the purposes of administering the PSS.
9. I understand that if I have not paid the required UMP Support Payments in full by the time required, I am not entitled to receive a PSS payment.
10. 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

Signed

Date / /



Please refer to Sections 8 and 15 of the 2009/10 PSS Information Booklet for information about your required risk management activities.

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

---

<b>Perth</b>	<b>Melbourne</b>	<b>Sydney</b>	<b>Brisbane</b>	<b>Adelaide</b>
Level 3, 516 Hay Street Subiaco WA 6008 PO Box 1557 Subiaco WA 6904 Ph: (08) 6461 3400 Claims Fax: (08) 9415 1492	Level 1, 101 Dundas Place Albert Park VIC 3206 PO Box 264 Albert Park VIC 3206 Ph: (03) 9915 1700 General Fax: (03) 9690 6272	Level 5, AMA House 69 Christie Street St Leonards NSW 2065 Ph: (02) 9023 3300 Fax: (02) 9460 8344	Level 8 87 Wickham Terrace Spring Hill QLD 4000 Ph: (07) 3120 1800 Fax: (07) 3839 7822	Level 1 63 Waymouth Street Adelaide SA 5000 Ph: (08) 7129 4500 Fax: (08) 7129 4520

Insurance policies available through the MDA National Group are underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073. With limited exceptions they are available only to Members of MDA National. MDA National Insurance is a wholly owned subsidiary of The Medical Defence Association of Western Australia (Incorporated) ARBN 055 801 771, trading as MDA National incorporated in Western Australia. The liability of Members is limited.

Privacy: The MDA National Group collects personal information to provide and market our services or to meet legal obligations. We may share personal information with other organisations that assist us in doing this. You may access personal information we hold about you, subject to the Federal Privacy Act. If you wish to change your contact details or be removed from our mailing lists, please contact us at 1800 011 255. For more information or to see our Privacy Policy contact us on 1800 011 255.