

Application for Premium Support Scheme

Premium Period - 1 July 2010 to 30 June 2011

ONLY COMPLETE THIS FORM IF YOU WISH TO APPLY FOR THE PREMIUM SUPPORT SCHEME (PSS) FOR THE 2010/11 YEAR.

This form can be completed online by visiting the Member Online Services section of our website 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. The Premium Period referred to in this application is 1 July 2010 to 30 June 2011. For full details of the Scheme, please refer to the 2010/11 PSS Important 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 continues to practice in the same speciality; 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 occurred 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; or
- A Member who works primarily in the public sector but obtains medical indemnity cover for private medical services (which are not indemnified under a right to private practice agreement) and the gross billings from that private practice is greater than \$1,000.

*Please refer to Section 14 of the 2010/11 PSS Important Information Booklet for definitions of Gross indemnity Costs and Estimated Income.

| Name | Member Number |
|------|---------------|
|------|---------------|

1. Provider Number

What is your provider number?

Note: Any valid provider number is acceptable.

2. Gross Private Billings

Please provide an estimate of the Gross Private Billings for which you require indemnity under your policy for the Premium Period.

Note: Do NOT provide a billings band. A dollar amount must be stated.

Gross Private Billings is taken to have the same meaning as Actual Income. Please refer to the definition of Actual Income in section 14 of the 2010/11 PSS Important Information Booklet.

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3. Other Gross Indemnity Costs

Note: Please refer to the definition of Gross Indemnity Costs in section 14 of the 2010/11 PSS Important Information Booklet.

3.1 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?

YES

NO

If **NO**, please proceed to section 4.

3.2 If YES, please provide the amount and indicate the reason for such payments.

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Run-off or retroactive cover premium

Retroactive cover premium

Medical indemnity premiums and Membership subscription

Note: In order to assess your eligibility, we will add the amounts you declare here to your 2010/11 MDA National Membership subscription and MDA National Insurance premium.

4. Overseas Practice

During the Premium Period, will you be practising overseas for a period of more than 6 months?

YES

NO

5. Procedural General Practitioners Only

5.1 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:

5.2 During the Premium Period will you solely perform non-therapeutic cosmetic procedures other than your non-procedural work?

YES

NO

Note: Please refer to the definition of non-therapeutic cosmetic procedures in section 14 of the 2010/11 PSS Important Information Booklet.

6. PSS Debts

Do you have any outstanding PSS Debts?

YES

NO

Note: Please refer to the definition of PSS Debts in section 14 of the 2010/11 PSS Important Information Booklet.

7. Declaration

- 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 2010 to 30 June 2011.
- 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.
- 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.
- I agree that with respect to the Premium Period 1 July 2010 to 30 June 2011, 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, including the information provided in this form and any other information that MDA National Insurance or the Association holds about me.
- 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.
- 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.
- I undertake to provide, when requested, any additional information required for the purposes of administering the PSS.
- 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 2010/11 PSS Important Information Booklet for information about your required risk management activities.

Freecall: 1800 011 255 Member Services Fax: 1300 011 244 Email: peaceofmind@mdanational.com.au Web: 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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