

# Application for Premium Support Scheme (PSS)

Premium Period –1 July 2019 to 30 June 2020

To help you complete this form please refer to the PSS Important Information booklet for the definitions, terms and conditions of the Scheme; this is located under the Downloads section of our website. Return your completed application to [peaceofmind@mdanational.com.au](mailto:peaceofmind@mdanational.com.au) or post to the following address – MDA National, Reply Paid 85186, SOUTHBANK VIC 3006. This form can also be completed online by visiting our Member Online Services at [mdanational.com.au](http://mdanational.com.au).

<b>Member 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 as defined in the PSS Important Information booklet. \$ \_\_\_\_\_ .00
- 3 For the Premium Period, will you pay any medical indemnity premiums or Membership subscriptions including Run-off or retroactive cover premiums to any other medical indemnity insurer, in addition to what 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 in this section.  
☐ YES ☐ NO  
 a) Run off or retroactive cover premiums \$ \_\_\_\_\_ .00  
 b) Medical indemnity premiums or Membership subscriptions \$ \_\_\_\_\_ .00
- 4 During the Premium Period will you be practising overseas for a period of more than six months?**  
☐ YES ☐ NO
- 5 Have you been overpaid a PSS payment in a previous Premium Period and not repaid the insurer?**  
If **YES**, please provide the total amount. This includes any outstanding PSS debt that you are required to pay back to us or any other insurer.  
☐ YES ☐ NO  
 \$ \_\_\_\_\_ .00

Only complete the following question if you are a Procedural General Practitioner.

- 6 a) Please provide the street address of your rural practice/hospital if you will be practising in a rural area (RRMA 3-7) during the Premium Period.**  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_
- b) During the Premium Period will the procedural practice that you undertake solely consist of Non Therapeutic Cosmetic Procedures\*?**  
☐ YES ☐ NO  
\*Non Therapeutic Cosmetic Procedure means a procedure that is cosmetic in nature and is NOT a professional service mentioned in the general medical services table under the *Health Insurance Act 1973* (Cth) (i.e. procedures NOT claimable under Medicare) or a health service specified under subsection 3C(1) of that Act.

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

**Registered Office:** MDA National, Level 3, 88 Colin Street WEST PERTH WA 6005 **Phone:** (08) 6461 3400 **Fax:** (08) 9415 1492

The MDA National Group is made up of MDA National Limited ABN 67 055 801 771 and MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417 AFS Licence No. 238073.

Privacy: Please note that any information you provide will be held and used by us and any companies, firms or individuals who assist us in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy 118.18

## Declaration - your signature is required

1. I understand that by completing this declaration and providing information in this form, I am applying for a Premium Support Scheme payment under the Australian Government Premium Support Scheme (PSS) for the period 1 July 2019 to 30 June 2020.
2. I understand that the terms and conditions of the PSS 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 2019 to 30 June 2020, MDA National Insurance and MDA National Limited (MDA National) may release to the Department of Human Services 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 MDA National hold about me.
5. In assessing whether I am an eligible Member under the Scheme and, if so, the amount of PSS payment payable, I acknowledge that Medicare Australia may have access to any information in the possession of the Department of Health or the Department of Human Services, 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 any 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.

Please sign and date here

Signed

Date        /        /