

Application for Premium Support Scheme (PSS) and Declaration

Premium Period - 1 July 2019 to 30 June 2020

You are required to complete this form for the above Premium Period because you:

- have previously applied for a PSS payment and now need to declare your Actual Income; or
- wish to apply for a PSS payment.

PLEASE NOTE - Completing this form does not automatically entitle you to a PSS payment. Please refer to the attached information sheet for further information regarding the PSS and its eligibility criteria.

Personal Details

Member name

Member number

Category and Specialty

Gross Annual Billings Band during the Premium Period

Provider number

Your provider number:

If your provider number appears above and is correct, there is no need to complete this section. If it **does not appear** or is **not correct**, please write your provider number here.

Declaration of Actual Income

Actual Income for which you require our indemnity during the Premium Period:

Actual income is a defined term. Before completing this section, please refer to the information sheet attached. Your Actual Income does not include your income as a result of any of your work in the public sector.

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Declaration of Gross Indemnity Costs

1 Your Gross Indemnity Costs for the Premium Period (excluding GST and Stamp Duty):

Gross Indemnity Costs is a defined term under the PSS and its definition is outlined in the information sheet attached.

2 the amount you paid to another insurer or Medical Defence organisation excluding GST and Stamp Duty:

Overseas practice

During the Premium Period, did you practise overseas for a period of more than 6 months?

YES NO

Procedural general practitioners only

1 If you are a procedural General Practitioner and you practised in a rural area (defined as RRMA 3-7) during the Premium Period, please provide the street address of your rural practice/hospital.

Address

Postcode

2 During the Premium Period, did the procedural practise that you undertook solely consist of Non Therapeutic Cosmetic Procedures?

Please refer to the PSS information sheet for the definition of Non Therapeutic Cosmetic Procedures.

YES NO

Bank account details

Upon receipt of your completed Application for PSS and Declaration, if you are entitled to a refund following reassessment of your PSS eligibility we will arrange your refund via electronic funds transfer if you provide the following information:

Account name

BSB number

Account number

If you are eligible for a refund and do not provide us with this information, a refund cheque will be posted to you.

Declaration — your signature is required

1. I declare that the information I have provided on this form including my Actual Income is true and correct
2. I understand that by signing this declaration and providing the information on this form, I am applying to be considered for participation in the Premium Support Scheme (PSS) for the period from 1 July 2019 to 30 June 2020
3. I understand and agree that any PSS payment paid to MDA National Insurance Pty Ltd (MDA National Insurance) on my behalf to which I am not entitled (an overpayment) is a debt I owe to MDA National Insurance which is immediately due and payable. If the overpayment has not been paid to me, MDA National Insurance may retain such overpayment in satisfaction of that debt
4. I agree that with respect to the period 1 July 2019 to 30 June 2020, MDA National Insurance and MDA National Limited (MDA National) may release information to the Department of Health and Ageing and the Department of Human Services and any agency of, department of, or other body or person authorised by, the Commonwealth Government for the purposes of calculating, administering or auditing the PSS including the information provided in this form and any other information that MDA National Insurance or MDA National holds about me
5. I acknowledge that the Department of Health and Ageing and the Department of Human Services and/or the Commonwealth Government may use the information provided in relation to PSS for audit purposes and that MDA National Insurance may use information from Medicare Australia where relevant to administer the PSS
6. I agree to notify MDA National Insurance of any change in the information provided in this form and any other information that may affect my entitlement to, or the amount of, a PSS payment
7. I agree to provide, when requested, any additional information required for the purposes of administering the PSS
8. I have read the definitions set out in the PSS Information Sheet and PSS Important Information booklet that impact on the administration of the PSS

Please SIGN and DATE below

X Signature of declarant

DD / MM / YYYY

mdanational.com.au → 1800 011 255

Email: peaceofmind@mdanational.com.au Member Service Fax: 1300 011 244

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