

# Application for Premium Support Scheme (PSS)

## Premium Period – 1 July 2026 to 30 June 2027

To help you complete this form please refer to the PSS Guide, which is available on the **downloads section** of our website [mdanational.com.au](http://mdanational.com.au) or by contacting our Member Services team on **1800 011 255**. Return your completed application to [peaceofmind@mdanational.com.au](mailto:peaceofmind@mdanational.com.au) or fax to **1300 011 244**. This form can also be completed online by logging in to our Member Online Services at [mdanational.com.au](http://mdanational.com.au).

Member name

Member number

### Eligibility

1. Please provide a valid Medicare provider number
















2. Please provide your Australian Health Practitioner Regulation Agency (AHPRA) Registration number

















3. What is your estimated Private Practice Income<sup>^</sup> for the premium year?

Do not include income derived from work in the public sector.

\$  ,    ,    .00

<sup>^</sup>Please review the definition of private practice Income in the PSS Guide when completing this question.

4. For the premium year, will you pay any professional indemnity premiums or Membership subscriptions or any other costs including Run-off or retroactive cover premiums to any other professional indemnity insurer, in addition to what you pay to us?

YES  NO

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 together with any amount provided in this section.

a) Run-off or retroactive cover premiums

\$  ,    ,    .00

b) Professional indemnity premiums or Membership subscriptions

\$  ,    ,    .00

<sup>\*</sup>Please review the definition of gross indemnity costs in the PSS Guide when completing this question.

5. During the premium year, will you be practising overseas for a period of more than six months?

YES  NO

6. Have you been overpaid a PSS payment in a previous premium year and not repaid the insurer?

YES  NO

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.

\$  ,    ,    .00

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

7. a) Please provide the street address of your rural practice/hospital if you will be undertaking most of your procedural practice in a rural area (MMM 3-7) during the premium year.

Address

Postcode

b) During the premium year will the procedural practice that you undertake consist of any Non Therapeutic Cosmetic Procedures\*?

YES  NO

\*Non Therapeutic Cosmetic Procedure means a procedure that is cosmetic in nature and is NOT a professional service described in the General Medical Services table under the Health Insurance Act 1973 (Cth) and is not a health service specified in a determination under section 3C(1) of that Act (i.e. procedure not claimable under Medicare or a health service specified under section 3C(1) of that Act.

If YES, please provide the proportion of your Private Practice Income in the premium year relating to the Non Therapeutic Cosmetic Procedures

%

## Declaration

1. I understand that in order to make this application for a subsidy under the Premium Support Scheme (PSS), I must provide information to MDA National Insurance about my Private Practice Income, amongst other things, for the premium year 1 July 2026 to 30 June 2027.
2. I understand that the terms and conditions of the PSS are set out in Australian Government legislation and are subject to change from time to time. I accept the terms and conditions of the PSS that are in force as at the date of my application or any subsequent amendments to the PSS.
3. I am willing for a subsidy to be paid to MDA National Insurance to help me meet the cost of medical indemnity insurance.
4. 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 to MDA National Insurance, including any overpayment of the subsidy under the PSS to which I am not entitled, is a debt I owe to MDA National Insurance and is immediately due and payable.
5. I agree that MDA National Insurance may release to the Australian Government Department of Health and Aged Care and any agency of that department or other body or person authorised by the Commonwealth Government for the purposes of calculating, administering or auditing the PSS, information relating to me and my insurance cover or my eligibility for the PSS. This includes the information provided in this form including my Private Practice Income and any other information that MDA National Insurance holds about me.
6. In assessing whether I am an eligible Member under the PSS and, if so, the amount of PSS payment payable, I acknowledge that the Chief Executive Medicare Australia may have access to any information in this form including my Private Practice Income for the period and to any information in the possession of the Australian Government Department of Health and Aged Care including information linked to my provider number.
7. 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.
8. I undertake to provide, when requested, any additional information required for the purposes of administering the PSS.
9. I consent to the collection, use and disclosure of Information in accordance with the privacy statement below.

Please SIGN and DATE below

X SIGN HERE

DD / MM / YYYY

mdanational.com.au → 1800 011 255

Email: [peaceofmind@mdanational.com.au](mailto:peaceofmind@mdanational.com.au) Member Service Fax: 1300 011 244

Privacy Statement: The protection of your personal information is important to MDA National Insurance. We comply with the Privacy Act 1988 (Cth) to ensure that your personal (including sensitive) information (Information) is protected. We collect, disclose and store Information in order to decide whether to make an application under the PSS on your behalf to the Chief Executive Medicare. MDA National Insurance will disclose the Information to service providers who assist us in the administration of our business including but not limited to reinsurers, insurance brokers, auditors and actuaries, medical specialists, lawyers, staff members of insureds, courts, registration authorities, complaints commissions, boards and tribunals, government departments and bodies to whom by law we are obliged to disclose Information or to whom we have informed you we disclose Information and anyone else to whom you authorize us to disclose Information. MDA National Insurance may be unable to perform these functions or only perform them to a limited extent if you do not provide us with your Information. By making an application, you consent to your Information being collected by MDA National Insurance and used for this purpose. Your information is unlikely to be disclosed overseas. MDA National Insurance collects, uses and discloses your Information in accordance with its privacy policy which is available at [mdanational.com.au](http://mdanational.com.au) or by contacting our Member Services team on 1800 011 255 to obtain a copy. This privacy policy contains further information about how MDA National Insurance will handle your Information. This includes information on how you can access and/or seek the correction of your Information that is held about you as required by law and make a complaint about the way your Information is being handled by MDA National Insurance and how we will deal with your complaint. If you have any questions about how we handle your Information, please contact us by writing to the Privacy Officer. E-mail: [privacy@mdanational.com.au](mailto:privacy@mdanational.com.au) phone: (08) 6461 3400.

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