



Notification of change of registration status

This form is issued under section 19 of the *Private Health Insurance (Prudential Supervision) Act 2015*

Refer to Instructions for related information on completing this form

Lodgement details

Who should APRA contact if there is a query about this form

Name	<input type="text"/>
Position	<input type="text"/>
Name of private health insurer	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Particulars of change

Current status of private health insurer (choose one) ☐ Open ☐ Restricted access ☐ For profit

New status of private health insurer (choose one) ☐ Restricted access ☐ Open ☐ Not for profit

The date of change is taken from the day after the day on which APRA receives this form.



Summary of notifications

What other Departments/agencies have you informed of this change?

Related information

Refer Instructions for related information

- | | |
|---------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Reason for Change Statement | <input type="checkbox"/> Summary of changes to the insurer's Rules |
| <input type="checkbox"/> Financial Impact Statement | <input type="checkbox"/> Summary of changes to the insurer's Constitution |
| <input type="checkbox"/> Policy Holder Impact Statement | <input type="checkbox"/> Statement – Appointed Actuary |

Signature

Notification to be made by an officer of the organisation:

officer*, of a private health insurer, means:

- (a) a director of the insurer; or
- (b) a chief executive officer of the insurer; or
- (c) any other person who has or exercises senior management responsibilities (within the meaning of prudential standards) for the insurer.

(*As defined in the *Private Health Insurance (Prudential Supervision) Act 2015*)



Declaration

I, (Name of officer making notification on behalf of the private health insurer)

Position of officer

of Address

do hereby notify the Australian Prudential Regulation Authority of a change of registration status of the above mentioned private health insurer under the *Private Health Insurance (Prudential Supervision) Act 2015* and declare that I am directed to make this notification on behalf of the said private health insurer.

Signature

I certify that the information provided is true and correct. I am aware that the giving of false or misleading information, documents or statements to the Australian Prudential Regulation Authority is a serious offence under the Commonwealth's *Criminal Code Act 1995* and that the Criminal Code Act imposes substantial penalties, including imprisonment, for committing these offences.

Name of officer

Signature

SIGNATURE IN HERE

Date

D	D		M	M		Y	Y	Y	Y
		/			/				

Lodgement

APRA prefers lodgement of this form via the APRA Extranet:

Extranet: <https://extranet.apra.gov.au/funds/fundnameacronym>

Alternatively, it can be mailed to APRA at
Australian Prudential Regulation Authority
GPO Box 9836
Sydney NSW 2001