



APRA

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

Position

Name of private health insurer

Telephone number

Email address

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.



APRA

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*)



APRA

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
<input type="text"/>							

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