



Part A – General information (continued)

Details explaining basis for this proposed date.

DETAILS BELOW

Details of the business structure

Attached (*check box*)

Jurisdiction(s) in which Applicant proposes to operate (*check box/s*)

ACT

SA

NSW

TAS

NT

VIC

QLD

WA

A4 – Advice to other Government Agencies

Have/will other Government Agencies be informed of this application? (*check box/s*)

ASIC

ATO

Department of Health

Other - please specify

Private Health Insurance Ombudsman

Application form continues on the next page



Part A – General information (continued)

A5 – Responsible person details – Chief Executive Officer

Title Mr Mrs Ms Dr Other

Name of CEO

Date of birth
D D M M Y Y Y Y
 / /

Former name(s) (if applicable)

Curriculum vitae Attached (check box)

Postal address

Telephone numbers
 - Direct business number
 - Mobile number

Email

Nationality Attached (check box)

Australian residency Attached (check box)

Date of appointment
D D M M Y Y Y Y
 / /

Directorships and shareholdings Attached (check box)

Fit and proper considerations Attached (check box)

Disqualified person status Attached (check box)

Application form continues on the next page



Part A – General information (continued)

A6 – Responsible person details – Directors

Title Mr Mrs Ms Dr Other

Name of Director

Date of birth D D / M M / Y Y Y Y

Former name(s) (if applicable)

Position of Director (check box) Executive
 Non-executive
 Non-executive and independent

Chairperson of the Board (check box) Yes No

Curriculum vitae Attached (check box)

Postal address

Telephone numbers
- Direct business number

- Mobile number

Email

Nationality Attached (check box)

Australian residency Attached (check box)

Application form continues on the next page



Part A – General information (continued)

Date of appointment

		/			/				
D	D		M	M		Y	Y	Y	Y

Directorships and shareholdings Attached (*check box*)

Fit and proper considerations Attached (*check box*)

Disqualified person status Attached (*check box*)

Application form continues on the next page



Part A – General information (continued)

A7 – Responsible person details – Senior Manager

Title Mr Mrs Ms Dr Other

Name of Senior Manager

Date of birth ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Former name(s) (if applicable)

Main responsibilities DETAILS BELOW

Curriculum vitae Attached (check box)

Postal address

Telephone numbers
- Direct business number
- Mobile number

Email

Nationality Attached (check box)

Australian residency Attached (check box)

Date of appointment ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Application form continues on the next page



Part A – General information (continued)

- Directorships and shareholdings Attached (*check box*)
- Fit and proper considerations Attached (*check box*)
- Disqualified person status Attached (*check box*)

Application form continues on the next page



Part A – General information (continued)

A8 – Responsible person details – Proposed Auditor

Title Mr Mrs Ms Dr Other

Name of proposed Auditor

Date of birth D D M M Y Y Y Y
 / /

Former name(s) (if applicable)

Organisation name

ABN

Postal address

Telephone numbers
- Direct business number
- Mobile number

Email

Date of appointment D D M M Y Y Y Y
 / /

Auditor independence Attached (check box)

Fit and proper considerations Attached (check box)

Proposed Auditor declaration Attached (check box)

Application form continues on the next page



Part A – General information (continued)

A9 – Responsible person details – Proposed Appointed Actuary

Title Mr Mrs Ms Dr Other

Name of proposed Appointed Actuary

Date of birth D D M M Y Y Y Y
 / /

Former name(s) (if applicable)

Organisation name

ABN

Postal address

Telephone numbers
- Direct business number
- Mobile number

Email

Date of appointment D D M M Y Y Y Y
 / /

Appointed Actuary eligibility statement Attached (check box)

Fit and proper considerations Attached (check box)

Application form continues on the next page



Part B – Supporting documentation

B1 – Ownership and structure

- B1.1 Instrument of incorporation Attached (*check box*)
- B1.2 Constitution Attached (*check box*)
- B1.3 Health benefit fund(s) proposed rules Attached (*check box*)
- B1.4 Statement – Rules comply with requirements of the PHIPS Act and PHI Act Attached (*check box*)
- B1.5 Tax exemption status (*if applicable*) Attached (*check box*)

B2 – Risk Management

- B2.1 Business plan Attached (*check box*)
- B2.2 Proposed Appointed Actuary statement Attached (*check box*)
- B2.3 Information management statement Attached (*check box*)
- B2.4 Risk management plan Attached (*check box*)
- B2.5 Business continuity procedures Attached (*check box*)
- B2.6 Conflicts management procedures Attached (*check box*)

B3 – Solvency

- B3.1 Liquidity management plan Attached (*check box*)

B4 – Capital Adequacy

- B4.1 Capital management policy Attached (*check box*)

B5 – Outsourcing

- B5.1 Outsourcing policy Attached (*check box*)
- B5.2 Outsourced material business activities (*provide an additional table where needed*)

Name of service provider /Role

Offshore (*check box*)

Outsourcing Agreement

DETAILS BELOW

--

Yes No Attached (*check box*)

Application form continues on the next page



Part B – Supporting documentation (continued)

Name of service provider/Role	Offshore (check box)	Outsourcing Agreement
<p>DETAILS BELOW</p> <div style="border: 1px solid black; height: 60px;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Attached (check box)
<p>DETAILS BELOW</p> <div style="border: 1px solid black; height: 60px;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Attached (check box)
<p>DETAILS BELOW</p> <div style="border: 1px solid black; height: 60px;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Attached (check box)
<p>DETAILS BELOW</p> <div style="border: 1px solid black; height: 60px;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Attached (check box)

B6 – Disclosure to APRA

B6.1 Disclosure to APRA statement Attached (check box)

B7 – Governance

B7.1 Board Audit Committee charter Attached (check box)

B7.2 Board renewal and performance assessment policy Attached (check box)

B7.3 Internal Audit arrangements Attached (check box)

B8 – Additional Information

B8.1 Prudential supervision by APRA Attached (check box)

B8.2 Additional Matters
(additional matters demonstrating proposed compliance with legislation, rules and prudential standards, if applicable) Attached (check box)

Application form continues on the next page



Notes

Penalties for false information

Applicants should note that giving false or misleading information is a serious offence (see s. 136.1, s. 137.1 and s. 137.2 of the *Criminal Code Act 1995*). Where information is disclosed to APRA as part of this application, APRA may in turn disclose that information in any of the circumstances permitted by s. 56 of the *Australian Prudential Regulation Authority Act 1998*.

When does an Insurer apply for registration?

To expedite the application process, Applicants are strongly encouraged to submit a draft application form prior to lodging the final application.

Applicants must apply at least 90 days prior to the proposed date of registration as a private health insurer. Applicants should also be aware that APRA may request further information it considers necessary to assess the application under s. 13 of the PHIPS Act, within 90 days of lodgement of this form. This will include discussions with relevant responsible persons and may also include on-site prudential reviews. Applicants need to consider the potential impact this may have on the length of time taken by APRA to assess the application for registration as an Insurer.

Is there a prescribed fee?

There is no application fee for Applicants seeking to apply for registration of a private health insurer.

Where to lodge the application form

Two copies of the final application, including the HRPHI form, all required information and supporting documentation, should be provided to APRA. Submission of the second copy in electronic format is encouraged.

Applications should be mailed to:

Australian Prudential Regulation Authority
GPO Box 9836
in all capital cities (except Hobart and Darwin)