

Application form – Registration as a private health insurer

Under s. 12 of the Private Health Insurance (Prudential Supervision) Act 2015 (PHIPS Act)

Part A - General information

Note: All questions in the HRPHI form mu	ıst be completed.
How do you wish this form to be treated? (check box)	As an application for the purposes of s. 20 of the PHIPS Act As a draft application only
A1 – Contact details	
Contact person – primary	
Title	Mr Mrs Dr Other
Name	
D ::: 1 11	
Position held	
Telephone numbers	
- Direct business number	
- Mobile number	
Email	
	Application form continues on the next page
Office use only.	
	D D M M Y Y Y Y Y



Contact details - secondary							
Title	Mr	Mrs	Ms	Dr	Other		
Name							
Position held							
Telephone numbers							
- Direct business number							
- Mobile number							
Email							
A2 – Corporation details							
Name of corporation							
Trading name(s)							
ABN							
Registered address							
Street address							
(if same as registered address, write "as above")							
,							



Part A – General in	formation (continued)
Postal address (if same as registered address, write "as above")	
Email	
Phone number	
Web address	
Historical ASIC company search	Attached (check box)
Is the Applicant an Australian owned or a foreign owned corporation? (check box)	Australian-owned corporation Foreign-owned corporation
A3 – Status of corporation	
Is the Applicant to be a 'for profit Insurer'? (check box)	Yes No
Is the Applicant to be a 'restricted access Insurer'? (check box)	Yes No
Details of the proposed restricted access group (if applicable)	DETAILS BELOW
Proposed date for registration as an Insurer	D D M M Y Y Y Y



Details explaining basis for this	DETAILS BELOW	
proposed date.		
Details of the business structure	Attached (check box)	
Jurisdiction(s) in which	ACT	SA
Applicant proposes to operate (check box/s)	NSW	TAS
	NT	VIC
	QLD	WA
A.4. A.1		
A4 – Advice to other Governmer	nt Agencies	
Have/will other Government Agencies be informed of this	ASIC	ATO
application? (check box/s)	Department of Health	Other - please specify
	Private Health Insurance	



A5 – Responsible person details –	Chi	ief I	Exe	cuti	ive	Off	fice	r							
Title	Μ	r		Mrs			Ms			r	Oth	er			
Name of CEO															
Date of birth	D	D	/	М	М	/	Y	Y	Y	Y					
Former name(s) (if applicable)															
Curriculum vitae		At	tacł	ned	(che	ck b	ох)								
Postal address															
Telephone numbers															
- Direct business number															
- Mobile number															
Email															
Nationality		At	tacł	ned	(che	ck b	ох)								
Australian residency		At	tacł	ned	(che	ck b	ox)								
Date of appointment	D	D	/	М	М	/	Y	Y	Y	Y					
Directorships and shareholdings		At	tacł	ned	(che	ck b	ох)								
Fit and proper considerations		At	tacł	ned	(che	ck b	ох)								
Disqualified person status		At	tach	ned	(che	ck b	ox)								



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)



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)	
		Applicatio



A7 – Responsible person details –	Ser	nior	Ma	ana	ger												
Title	Μ	r		Mrs			Ms)r		Oth	er				
Name of Senior Manager																	
Date of birth	D	D	/	М	M	/	Y	Y	Y	Y]						
Former name(s) (if applicable)																	
	DETAIL	16 05	1001														
Main responsibilities	DETAI	LS BE	LOW														
		1.			, ,												
Curriculum vitae		At	tach	ned	(che	ck b	ox)										
Postal address																	
Telephone numbers																	
- Direct business number																	
- Mobile number																	
Email																	
		1 .															
Nationality		At	tach	ned	(che	ck b	ox)										
Australian residency		At	tacł	ned	(che	ck b	ox)										
Date of appointment	D	D	/	М	М	/	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



A8 – Responsible person details –	Pro	ро	sed	Au	dit	or									
Title	Μ	r		Mrs			Ms		D	r	Oth	er [
Name of proposed Auditor															
Date of birth	D	D	/	М	М	/	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	/	М	М	/	Y	Y	Y	Y					
Auditor independence		At	tach	ned	(che	ck b	ox)								
Fit and proper considerations		At	tacł	ned	(che	ck b	ox)								
Proposed Auditor declaration		At	tacł	ned	(che	ck b	ox)								



Title	N	lr _		Mrs			Ms)r		Oth	ner				
Name of proposed Appointed Actuary																	I
																	I
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y]						L
Former name(s) (if applicable)																	I
Organisation name																	I
ABN]
Ostal address]
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elephone numbers			I		I		ı	ı		ı			ı	I	T		T
- Direct business number																	I
- Mobile number Imail																	
aii																	
Pate of appointment	D	D	/	М	М	/	Y	Y	Y	Y]						
Appointed Actuary eligibility tatement		At		ned	che		ox)										
Fit and proper considerations		At	tacł	ned	(che	ck b	ox)										



A10 – Other business (complete th	is section	if aț	plicat	ole)							
Name of company / business											
T ()											
Trading name(s)											
ABN											
Description of business	DETAILS BE	LOW									
Applicant's association with	DETAILS BE	LOW									
business											
Da-istana da ddusas											
Registered address											
Street Address											
(if same as registered address, write											
"as above")											
Postal Address											
(if same as registered address, write "as above")				Ì	Ì						
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Part B - Supporting documentation

B1 – O	wnership 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 requiremand 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 – S	olvency									
B3.1	Liquidity management plan	Attached (check box)								
B4 – C	apital Adequacy									
B4.1	Capital management policy	Attached (check box)								
B5 – O	utsourcing									
B5.1	Outsourcing policy		Attached (check box)							
B5.2	2 Outsourced material business activities (provide an additional table where needed)									
Name o	of service provider/Role	Offshore (check box)	Outsourcing Agreement							
DETAILS BEL	ow									
		Yes No	Attached (check box)							



Part B - Supporting documentation (continued)

Name o	of service provider/Role	Offshore (check bo	x) Outsourcing Agreement
DETAILS BEL	OW		
		Yes No	Attached (check box)
DETAILS BEL	OW		
		Yes No	Attached (check box)
DETAILS BEL	.ow		
		Vaa Na	
		Yes No	Attached (check box)
	000		
DETAILS BEL	.ow		
		Yes No	Attached (check box)
		103	Attached (theth box)
B6 – D	isclosure to APRA		
B6.1	Disclosure to APRA statement		Attached (check box)
			/ teached (check box)
B7 – G	overnance		
B7.1	Board Audit Committee charter		Attached (check box)
		Attached (theth box)	
B7.2	Board renewal and performance assessment	Attached (check box)	
	·		
B7.3	Internal Audit arrangements		Attached (check box)
DO 4	Live II 6		
	dditional Information		
B8.1	Prudential supervision by APRA		Attached (check box)
DO 2	A. I. Data and I. A. A. ara and		
B8.2		compliance with	Attached (check box)
	(additional matters demonstrating proposed of legislation, rules and prudential standards, if	/ ttachea (theth box)	
	registation, rates and production standards, if		
		Ap_{i}	plication form continues on the next page



Part C - Attestation

Attestation A

The Applicant attests that each of the statements (i) and (ii) in this certificate is true and correct:

(i) Information provided

The Applicant attests that the information provided as part of this application complies with the relevant prudential standards, APRA Rules, PHI Registration Rules and the relevant sections of the PHIPS Act and the PHI Act.

The Applicant also attests that all policies/procedures provided as part of this application have been approved by the Board of the Applicant.

In addition, the Applicant confirms that any change/s to the information provided in this application will be provided to APRA within 7 days after making the change/s, together with a statement explaining the rationale for the change/s.

(ii) Further information

The Applicant acknowledges that APRA may ask for more information and agrees that it will promptly provide any information that APRA considers is necessary in order for the application to be fully considered.

Insurer

At least two directors of the insurer must sign the attestation.

Name

Position

Signature

SIGNATURE IN HERE

Date



Part C – Attestation (continued)

Name																
Position																
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Signature	SIGNATURE IN HERE															
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Date							T.	T.	т [.]							
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End of application form.



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)