



FORM HMPHI 04/18

# APPLICATION FORM

## APPROVAL OF MERGER AND ACQUISITION OF HEALTH BENEFIT FUNDS

Under s. 33 of the *Private Health Insurance (Prudential Supervision) Act 2015 (PHIPS Act)*.

The application must be made jointly by the transferor and the transferee.

### PART A – GENERAL INFORMATION

All questions in the HMPHI form must be completed.

#### Application details

##### How do you wish this form to be treated? *(check box)*

☐ As an application for the purposes of s. 33 of the PHIPS Act

☐ As a draft application only

##### A1 - Details of transferee insurer

Name of insurer

ABN

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*Office use only.*

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Part A continues on the next page



## PART A – GENERAL INFORMATION (CONTINUED)

### Contact person – primary

Title ☐ Mr ☐ Mrs ☐ Ms  Other

Name

Position held

### Telephone numbers

Direct business number

Mobile number

Email

## A2 - Details of transferor insurer

*(if more than one, include a separate page for each transferor)*

Name of insurer

ABN

### Contact person – primary

Title ☐ Mr ☐ Mrs ☐ Ms  Other

Name

Position held

### Telephone numbers

Direct business number

Mobile number

Email

*Part A continues on the next page*

**PART A – GENERAL INFORMATION (CONTINUED)**

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**A3 – Merger / acquisition date**

Proposed date for the merger  
or acquisition

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Details explaining basis for  
the proposed date

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**A4 – Advice to other government agencies**

Have/or will other government agencies be informed of this application? *(check box/s)*

- ☐ ASIC
- ☐ ACCC
- ☐ DoH
- ☐ Ombudsman
- ☐ ATO
- ☐ Other - please specify

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## PART B – SUPPORTING DOCUMENTATION

### B1 – Record of arrangement

B1.1 Copy of the Arrangement ☐ Attached *(check box)*

### B2 – Transferee documentation

B2.1 Business plan (one for each receiving fund) ☐ Attached *(check box)*

B2.2 Risk Management assessment ☐ Attached *(check box)*

B2.3 Certification of compliance ☐ Attached *(check box)*

B2.4 Appointed Actuary's report ☐ Attached *(check box)*

B2.5 Due diligence report ☐ Attached *(check box)*

B2.6 Statement/s issued to policy holders (if any) ☐ Attached *(check box)*

B2.7 Summary of submissions from policy holders (if any) ☐ Attached *(check box)*

B2.8 Constitutional changes (if any) ☐ Attached *(check box)*

B2.9 Rule changes (if any) ☐ Attached *(check box)*

### B3 – Transferor documentation

*(if more than one, include separate documentation for each transferor)*

B3.1 Due diligence report ☐ Attached *(check box)*

B3.2 Certification of compliance ☐ Attached *(check box)*

B3.3 Appointed Actuary's report ☐ Attached *(check box)*

B3.4 Statement/s issued to policy holders (if any) ☐ Attached *(check box)*

B3.5 Summary of submissions from policy holders (if any) ☐ Attached *(check box)*

B3.6 Constitutional changes (if any) ☐ Attached *(check box)*

B3.7 Rule changes (if any) ☐ Attached *(check box)*

### B4 – Additional information

B4.1 Additional matters (if applicable) ☐ Attached

*End of Part B – Supporting Documentation*



## PART C – ATTESTATIONS

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The Applicants attest that each of the statements (i) and (ii) in this attestation are true and correct:

### (i) Information provided

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

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

In addition, the Applicants confirm 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 Applicants acknowledge 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 each of the transferor and transferee must sign the attestation.

### Transferee Insurer

Name

Position

Signature

SIGN HERE

Date

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*Part C continues on the next page*





## PART C – ATTESTATIONS (CONTINUED)

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### 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 do Insurers apply to APRA for approval to merge or acquire health benefit funds?

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

Applicants should apply at least 90 days prior to the proposed date of merger/acquisition. Applicants should also be aware that APRA may request further information it considers necessary to assess the application.

#### Is there a prescribed fee?

Refer to Schedule of Fees on APRA website.

#### Where to lodge the application form

APRA prefers lodgement of this form and all attachments electronically to your Responsible Supervisor.

Alternatively the application form and attachments can be mailed to APRA as follows:

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

*End of Form.*