

Transfer Certificate v 1.3 – Approved Form effective 1 April 2019

Transfer Certificate – can be used for a full policy termination or an individual termination

<Fund letterhead>

Transfer Certificate Enquiries:	(00) 987654321
General Enquiries	(00) 123456789

John Fundmember
 21 Healthfund Place
 Regulatoryville 9000
 Membership #: 123456789

Date of issue: 05/06/2018

Policy						
#	Name	Relationship	Sex	DOB	Joined	End
1	John Fundmember	Self	M	22/05/1950	05/06/2010	02/07/2022
2	Jill Fundmember	Partner	F	05/06/1990	05/06/2010	02/07/2022
3	Little Johnny Fundmember	Son	M	05/06/2016	05/06/2010	02/07/2022
4	Mary Fundmember	Daughter	F	01/06/2018	05/06/2010	02/07/2022

Lifetime Health Cover						
Person	CAE	Total Absent Days	Hospital End Date	Paid Hospital Days (left blank if no loading applies)	LHC % override	Loading %
John	30	0	02/07/2022		N	0
Jill	30	0	02/07/2022		N	0

Rebate – Savings Provision Entitlement (all persons on the membership)					
Person	From	SPE Code	SPE	Fund	Policy Number
John			NO		
Jill	02/07/2022	70	YES	ABC	123456789
Little Johnny			NO		
Mary			NO		

Age-based Discount			
Person	Certified Discount Age	Percentage %	Hospital End Date
John		0	02/07/2022
Jill	28	4	02/07/2022

Cover History				
From	To	Product Name	Scale	Product Type
05/04/2018	02/07/2022	Top Hosp Gold & Extras	Family	Hospital & General Treatment
05/06/2016	04/04/2018	Suspension	Family	
05/06/2010	04/06/2016	Basic Hospital	Family	Hospital

Product Description				
Exclusions	Co-Payments	Waiting Periods	Excess	Lifetime Limits
No	No	No	Yes	No
Product:	Top Hospital Gold and Extras			
Product description no more than 2000 characters				

Claims History – Hospital (last period of hospital)			
Person	From	To	Hosp Wait Exemption Used
John	01/06/2018	03/06/2018	05/04/2018
Little Johnny	01/02/2016	05/02/2016	

Claims History - General Treatment					
Person	Current 6 month period		Previous 6 month period		Orthodontic (5yr)
	Modality	Benefit Paid	Modality	Benefit Paid	
John	Optical	\$300	Physiotherapy	\$50	\$2700
	Physiotherapy	\$260			
Mary	Chiropractic	\$40	Chiropractic	\$25	\$1000

EXAMPLE

RULES

GENERAL

1. All dates on the form are inclusive i.e. there are no overlapping dates
2. The General Treatment history should be in the same six month period as the end date of cover.
3. To comply with the Private Health Insurance Act 2007, the rules (Complying Product Rules) state that for section 99-1 (Transfer Certificates) the following periods of issue of the transfer certificates are set:
 - a. To issue directly to the insured person – 14 days
 - b. To issue to the new insurer – 14 days
 - c. For the old insurer to issue to the new insurer on request – 14 days

POLICY

1. Display only persons on the policy as at the policy cease date.
2. # = Unique patient identifier or dependant number
3. Name = Full names i.e. first name, initial and surname to be displayed.
4. Relationship = Contributor, partner, dependants etc
5. Sex = Male or Female
6. DOB = date of birth
7. Joined = date the person joined your fund
8. End = cease date (of the person in the membership)

LIFETIME HEALTH COVER

1. Lifetime Health Cover information should only be displayed for any person over the age of 30
2. CAE = age at which the person joined Private Hospital Cover for the first time. If the person joined under the age of 30 then this will be 30.
3. Total Absent Days = days without hospital cover since they received their initial CAE. The absent days displayed should only be calculated up to the Hospital End Date NOT the cease date if hospital cover did not = the cease date. NOTE it is the joining funds responsibility to calculate the absent days from the Date of last hospital cover.
4. Hospital End Date = Last day of Hospital Cover
5. Paid Hospital Days = days counted are only required once a LHC loading % is greater than 0%. If the LHC loading is recalculated due to non-permitted days without hospital cover then this value resets to zero and the accumulation of the 10 year period starts again from the date the recalculated loading was applied. If the LHC percentage loading gets reset to zero then there is no need to accumulate paid hospital cover hence this field should be left blank.

Note: Periods of suspension or day of absence do not count towards paid days of hospital cover

6. LHC % override = A LHC % loading must cease to be applied on the day of the last day of the Ten year period of continuous complying hospital treatment cover (PHI Act Chapter 2, Division 34- 10). The default setting is "N". This field shall change to "Y" if the LHC loading is > 0% and the accumulated number of paid hospital days since a LHC Loading was applied = 3652 days. Note when this field is set to Y it overrides the normal LHC calculation process by setting the LHC percentage to zero. This field will be changed from Y to N (where the normal LHC calculations are re-applied) when the LHC recipient has 1 day of absence after the 10 year reset and that person has used or exceeded their permitted days of absence i.e. has total absent days over 1094.

7. % Loading = the additional % being charged due to LHC. Note where a person has a CAE of 30 and absent days = 1295 (> than 1094) then this would be displayed as CAE = 30, absent days = 1295, % loading = 2%. The % loading is only used as a reference it should not be input into the receiving funds system. The receiving funds system should calculate the % from the CAE, absent days, Hospital End Date and LHC % override.

REBATE

The example certificate depicts the following situation;

Mary was on this membership. Mary was aged 66. She left the membership in 01/01/2010, hence she is not part of the certificate information.

1. Only show the current rebate SPE entitlement (if one exists).
2. If no SPE exists display SPE = NO (do not display any other information i.e. rate fund ID policy number, from date)
3. The SPE must be displayed for each person on the clearance certificate.
4. SPE Code relates to level of rebate: 65 = 65 – 69yo, 70 = 70yo+
5. From date = original date the SPE commenced (No TO date required as the certificate only displays it if current).
6. Fund = original fund id (3 character rebate id) where the SPE was inherited from.
7. Policy number = membership number the SPE was inherited from.
8. Rate = SPE entitlement rate applicable.

NOTE: An SPE entitlement will be granted to all persons 18 years or over who are not full-time students on the cessation of the entitling member. This means for full membership cancellation where an age rebate for 65 – 69yo or 70yo+ exists all persons 18 years and over will get an SPE = to YES. The from date will equal the cessation date, the fund will equal your 3 character rebate id and the policy number will equal the membership number.

AGE-BASED DISCOUNT

1. Age-based discount information should only be displayed for any adult person on the policy.
2. Certified Discount Age = The person's age at the 'Discount Assessment Date' as defined in the *Private Health Insurance (Complying Product) Rules 2015*. The values in this field are within the range 18-29, inclusive. This will be Blank if the person is not receiving an age-based discount.
3. % Discount = the % discount being applied due to age-based discounts. This will be zero (0) if there is no age-based discount to apply.
4. Hospital End Date = Last day of Hospital Cover

NOTE: It is the joining Health Fund's responsibility to calculate whether the person is eligible for an age-based discount under the *Private Health Insurance (Complying Product) Rules 2015* and Health Fund's rules.

COVER HISTORY

1. Display cover history for a minimum of 5 years or from join date if member with your fund less than 5 years.
2. From = commencement date of the product
3. To = end date of the product
4. Product name = Full product name, including the hospital Tier
5. Scale = Membership type i.e. Family, Single etc.
6. Product Type = Hospital, General Treatment, Hospital & General Treatment
7. Suspension periods to be included in cover history.

PRODUCT DESCRIPTION

1. A product description of up to 2000 characters is to be displayed for all products within the last 12 months.
2. Descriptions to include; Hospital Excess or product co-payments if any. Exclusions, Benefit limitations Excess bonuses, loyalty schemes, restrictions, age-based discount etc.

Note: The Product description should include the hospital tier and any additional clinical categories incorporated in the product if the product is a hospital PLUS category

CLAIM HISTORY – LAST PERIOD OF HOSPITALISATION

1. Hospitalisation is displayed per person
2. Last period of Hospitalisation only is displayed
3. From date = Admission date
4. To date = discharge date
5. Hospital Wait Exemption = date hospital wait exemption used. The 'Hospital Wait Exemption Used' date field should only be populated for a person where an override of the cover upgrade standard waiting periods were used in accordance with the Mental Health Reform 2018. Leave blank for all other persons.

CLAIMS HISTORY - GENERAL TREATMENT

1. Benefits are displayed per person
2. Benefits are only displayed if any have been claimed in the limit year, (except orthodontic which is 5 yr) i.e. calendar, financial or membership year
3. From date = limit cycle commencement date
4. To date = cease date.

DISCLAIMER

All Health Funds are required to update their product names to comply with the new legislated Product Tier requirements from 1 April 2019. Given the product name displays in the cover history section of the certificate, and existing product names will be updated, the historical cover history may display the revised Product name.

Health Funds **MUST** add a disclaimer to the end of the certificate if the cover history is impacted. This will allow the NEW Health Fund to know when the cover history has changed and record the correct portability.

Example disclaimer:

Please note that product names may have been changed to align with new legislative requirements from 1 April 2019. Product names reflected in the cover history may have been impacted by this change.

EXAMPLE