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Application for Membership Suspension - Overseas Travel

Member Details							
Membership Number:			Date of Birth:				
First name:			Surname:				
Contact Details							
Home Address:							
Postal Address:							
Phone:		Email:					
Travel Details							
Departure Date*	/	1	Return Date*		/	/	

Please attach a copy of your travel itinerary to your application

*Suspension periods will commence from the day after departure until the return date only.

Conditions

- 1. Application for suspension must be completed prior to overseas travel. Retrospective applications will not be accepted.
- 2. A person must have held cover for at least one (1) year or more to be eligible to suspend their policy.
- 3. Minimum period of suspension two (2) weeks.
- 4. Maximum period of suspension two (2) years.
- 5. Minimum period of six (6) months applies between suspensions.
- 6. Premiums must be paid up to the date of suspension.
- 7. Policy re-activation must occur within two months of return to Australia and is effective from the date of return. Waiting periods may apply should this not occur. Where return date is unknown at the time off suspension re-activation of a policy will be applied two years from date of suspension
- 8. Persons returning to Australia prior to their planned return date have two months to re-activate their policy. Evidence of early return is required, and re-activation will take affect from the date of return. Waiting periods may apply should this not occur.
- 9. Claims are not payable for services rendered during a period of suspension.
- 10. Waiting periods cannot be served whilst a policy is suspended. Any remaining waiting periods must be served on return.
- 11. Suspension periods do not count towards your 10 years of continuous cover for Lifetime Health Cover purposes.
- 12. The Medicare Levy Surcharge may apply for the period that Hospital cover is suspended depending on your income.
- 13. Applications for suspension of membership are subject to approval by Mildura Health Fund.

Declaration						
I declare that the information provided in this form is complete and correct.						
Signature:	Date:					