

# Overseas Student Health Cover Refund form

Please complete form in CAPITAL letters and attach evidence required. Do not forget to complete all fields (including passport number and Country of Issue) and sign and date on the reverse of this form. Refunds are paid on a monthly pro-rata basis.

Personal and policy details	
<b>Policy number</b> (In most cases this will be your student number):	Policy expiry date:     /     /
<b>Passport number:</b>	<b>Country of Issue:</b>
First name:	Last name (Last name):
Date of birth:     /     /	Mobile:
Email address:	
Are you a sponsored student and your sponsor has paid for your OSHC?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you may not be entitled to receive a refund from Allianz Care. Please refer to your institution for approval to attach to this application.	

**Please select the reason for this refund\***

**1. You purchased an OSHC policy but are not coming to Australia.** Refer to section **A** for Evidence Required.

**2. You are leaving Australia earlier than expected.** *E.g. you completed your course early, but your new visa was not granted or family illness requires you to return to your home country.* Refer to section **B** for Evidence Required.

**3. You no longer hold a student visa.** Refer to section **C** for Evidence Required.

**4. You have a simultaneous OSHC policy with another provider.** Refer to section **D** for Evidence Required.

**5. You have simultaneous OSHC policies with Allianz Care.** Refer to section **E** for Evidence Required.

**6. Your OSHC policy is longer than your student visa.** Refer to section **F** for Evidence Required.

**7. You need to remove a dependant from your policy.** *Please provide passport ID page for all family members.* Refer to section **G** for Evidence Required.

**8. You were not resident in Australia for a continuous period of 3 months or more but whilst holding a valid Student Visa.** Refer to section **H** for Evidence Required.

**Evidence required**

**A** Notification of refusal of application for a Student visa; **or**  
 If you did not apply for a student visa or are not coming to Australia for other reasons, please confirm by ticking here   
*(Your visa status will be checked with the Department of Home Affairs)*

**B** Confirmation of completion; or Cancelled Confirmation of Enrolment; **and**  
 Flight itinerary *(If your flight itinerary changes, you will need to ensure that you are covered until your new departure date)*

**C** Evidence provided by Department of Home Affairs confirming your previous student visa

**D** Certificate of Insurance from another **OSHC** provider (showing commencement and expiry dates, listed beneficiaries and type of policy); **and**  
 If you have not arrived in Australia yet, please confirm by ticking here ; **or**  
 Provide entry to Australia details (flight itinerary or eTicket)

**E** Provide all of your current policy numbers  
 \_\_\_\_\_; **and**  
 If you have not arrived in Australia yet, please confirm by ticking here ; **or**  
 Provide entry to Australia details (flight itinerary or eTicket)

**F** If you have not arrived in Australia yet, please confirm by ticking here ; **or**  
 Provide entry to Australia details (flight itinerary or eTicket)

**G**  **Family not arriving in Australia**  
 Notification of refusal of application for a Student dependant visa; **or**  
 If your family members never applied for a student dependant visa or are not coming to Australia for other reasons, please confirm by ticking here ; **or**  
 If family members hold a current student dependant visa, but are no longer coming to Australia, please confirm by ticking here   
*(Your visa status will be checked with the Department of Home Affairs)*

**H** Evidence of date of departure from Australia and date of arrival back into Australia (flight itinerary or eTicket)

**Family departing Australia**  
 Flight itinerary for all family members  
*(If your flight itinerary changes, you will need to ensure that you and your family members are covered until your new departure date)*

**Family arriving later than expected**  
 Expected arrival date     /     /  
*(If this date changes, you will need to ensure you and your family members are covered from the new arrival date)*

**Other**  
 Please explain your circumstances

\*Please note: Allianz Care is required to notify the Department of Home Affairs of policies which are cancelled or refunded.

## Payment Options

Please select an option below if:

- Your policy was not paid by credit card; or
- Your policy was paid more than 12 months ago

**Deposit into your local bank account**

**Deposit into someone else's account**

Account holder name:

Account holder signature:

BSB (6 digits):

Account number :

Name of financial institution:

**Telegraphic transfer to your overseas account**

**Telegraphic transfer to someone else's account**

Please note: In the case of incorrect/incomplete information being provided, bank charges will be deducted from your refund amount.

Account holder name:

Account holders address (Include City/State/Prov/Zip Code):

Account holders phone number (overseas):

Bank/fund name:

BSB/Swift/BIC CNAPS code:

Account number:

IBAN or IFSC (where applicable):

Routing number (where applicable):

Bank address (full street address including building and street number):

Currency which your account is held in:

## Declaration

By signing this refund form, I declare that all statements and particulars contained on this form are true and correct. I authorise Allianz Care Australia to provide my name and contact details to the Department of Home Affairs if my OSHC policy is cancelled or if my premium is refunded for any reason.

## Please sign

Signature (Policy holder only):

Date:     /     /

## General Processing of Refunds

- ENSURE ALL DETAILS PROVIDED ARE CORRECT
- Important: Please ensure you check your junk email or spam folders for our email.
- We will endeavour to process all refunds within 10 working days of receiving a completed refund form (including all necessary supporting evidence).
- We may contact you to clarify any details or request further information in order to process your refund.
- There is no minimum cover period payable if cover is cancelled prior to arrival in Australia.

## Please return completed form to:

Allianz Care Australia OSHC  
Locked Bag 3001 Toowong  
QLD 4066

Phone: 13 OSHC (13 6742)  
Fax: +61 7 3305 7009  
Email: oshc@allianzcare.com.au

## Privacy Notice

Your privacy: Your privacy is important to us. To arrange, offer, and provide you with our products and services (or those we may offer or provide to you on behalf of our business partners) and for the purposes set out below, we, namely AWP Australia Pty Ltd ABN 52 097 227 177 trading as 'Allianz Care', collect, store, use, process, and disclose your personal information including sensitive information such as medical information in accordance with the requirements of privacy laws. For full details of our privacy policy, please visit our website at [www.allianz-assistance.com.au](http://www.allianz-assistance.com.au) and click on the Privacy & Security link.

When we collect your personal information, we are responsible for ensuring it is processed and protected in accordance with applicable privacy laws such as the Privacy Act 1988 (C'th), and sometimes European Law such as the GDPR where our activities fall within its scope. Personal information we collect includes, for example, your name, address, date of birth, email address, your medical information, passport details, and bank account details. We also collect information through devices such as 'cookies' when you visit our website or use our mobile apps, in order to improve our website functionality and user experience.

Data Collection: We usually collect your personal information directly from you but sometimes from others depending upon the circumstances and the product involved. For example, to quote, arrange, or provide our health insurance products and services, we may collect your personal information from you, your agents, our agents, your broker, other insurers, universities and learning institutions, Government departments managing Immigration, health, and foreign affairs including for visa purposes, family members including your partner or spouse, travelling companions, as well as from doctors, hospitals, and other health service providers if you require medical assistance. We may collect your personal information from our business partners and agents whom you may have approached or who distribute or help provide or arrange our products and services.

Purposes & Uses: We use your personal information to arrange, offer, and provide our products and services (or those we may offer or provide to you on behalf of our business partners) and to manage your and our rights and obligations in connection with any products and services you have inquired about or acquired. For instance, we use it to assess, process, and investigate health insurance claims, and to liaise with Government Departments such as immigration, health, and foreign affairs where it relates to your cover or your application for private health insurance cover. We may also use it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT and related systems maintenance and development, recovery against third parties, fraud investigations, to comply with requests from regulatory bodies and government departments, and for other purposes with your consent or where permitted by law. We do not sell your personal information to any other person or entity for marketing purposes.

Disclosures & overseas transfers: Your personal information may be disclosed to your family members, co-insured on the same policy, your spouse or partner, as well as to third parties who assist us to carry out the activities set out in the 'Purposes & Uses' paragraph above, such as claims management providers, our agents and intermediaries, insurers, investigators, cost containment providers, medical and health service providers, universities and other education institutions, overseas data processing and 'cloud' storage providers, legal and other professional advisers, your agents and broker, your travel group leader if you travel in a group, your employer or sponsor, insurance reference bodies, and our related entities in the Allianz group of companies including Allianz Partners. Some of these third parties to whom your personal information may be disclosed and transferred, will be located in other countries including in Europe, the UK and Ireland, Asia, Canada, or the USA. We also, where necessary, disclose your personal information to Government Departments that manage immigration, health, and foreign affairs, as well as to regulatory bodies including those involved in the health insurance industry. We also disclose and transfer your personal information to our private health insurer that underwrites your policy, namely Peoplecare Health Limited, which is a registered private health insurer, ABN 95 087 648 753. When we disclose or transfer your personal information to third parties, we take steps binding those entities to comply with privacy law.

Marketing: We may, where permitted by law or with your consent, contact you by telephone, normal mail, email, electronic messages such as SMS, and via other means with promotional material and offers of products or services from us, our related companies, and business partners that we or they consider may be relevant and of interest to you. Where we contact you as a result of obtaining your consent, you can withdraw your consent at any time by calling us on 1800 023 767 or by contacting us – see below.

Other individuals/dependents: Except where you have legal authority to provide personal information on behalf of another, such as in your capacity as a parent or legal guardian, when you provide personal information to us about another individual on your policy such as your spouse, partner, family member, dependent, or adult children, we rely on you and you warrant to us that you have first obtained that individual's consent, and have made them aware of the matters set out in this Privacy Notice.

Access to and correction of personal information: You may also seek access to your personal information (or that of another on your policy where you are authorised to do so) and ask us to correct or update it, and to obtain details about our data processing activities in respect of your personal information. You may have further rights in respect of your personal information where the GDPR law applies, and depending upon the circumstances, you may request a restriction on processing, request it be deleted, and to receive it in a portable form, amongst other things.

Withdrawal of consent: Where your personal information is used or processed with your specific consent as the sole basis for such use and processing (rather than on a contractual basis or legitimate interests of the company), you may withdraw your consent at any time. Just contact us as set out below.

Contact us: If you wish to make a complaint about your data privacy, or have a request for access or correction, or any query about your personal information, please contact: The Privacy Officer, Allianz Care, PO Box 162, Toowong, QLD 4066, or email [DataPrivacyAU@allianz-assistance.com.au](mailto:DataPrivacyAU@allianz-assistance.com.au) or phone us on +61 7 3305 7000.

You can also contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 5218, Sydney, NSW, 2001 if you have a complaint.

Without your agreement to the matters set out above, we may not be able to provide you with our products or services including the assessment and payment of any claims.  
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