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).

Please note: We will not pay out a refund if the unexpired portion of your policy is less than 30 days. We prefer to receive refund information in typed format to avoid issues with legibility.

Personal and policy details (for primary student visa holder)				
Policy number:		Policy expiry date: / /		
Passport number:		Country of Issue:		
First name:		Family name (Last name):		
Date of birth (DD/MM/YYYY): / /		Mobile:		
Email address (registered to policy):				
Are you a sponsored student and your sponsor paid for your lf yes, you may not be entitled to receive a refund from All		ritially or in full? Yes No No refer to your institution for approval to attach to this application.		
Please select the reason(s) for this refund	Evidence Requi	red - Copy of passport ID page (policy holder/dependants) in all cases		
You purchased an OSHC policy but are not coming to Australia.	 Letter from Department of Home Affairs confirming the Student Visa refusal/withdrawal/cancellation or If you did not apply for a student visa or are not coming to Australia for other reasons, please confirm by ticking here 			
2. You never held a student visa.				
You are arriving in Australia later than expected.	Flight arrival (to Australia) itinerary, boarding pass or movement records			
You are leaving Australia earlier than expected.	 Flight departure (from Australia) itinerary, boarding pass or movement records If you have 6 months or more remaining on your student visa Letter from Department of Home Affairs confirming cancellation/refusal of your visa or Application to cancel your visa and confirmation of cancellation of enrolment from your institution 			
5. You have been granted permanent residence in Australia, or an Australian visa (other than a Student Visa).	 Previous student visa grant and Evidence confirming your new visa (including visa grant notice if applicable) 			
6. You have a simultaneous OSHC policy with another provider.	Certificate of Insurance from another OSHC provider (showing commencement and expiry dates, listed beneficiaries, and type of policy)			
7. You have simultaneous OSHC policies with Allianz Care.	Policy number/s			
8. Your OSHC policy is longer than your student visa.	Student viso	Student visa grant notice		
9. You need to remove a family member from your policy.	Letter from refusal/ If your focoming Dependant Flight a for all many Dependant Flight dependant Flight dependent	mot arriving in Australia om Department of Home Affairs confirming the dependant Student Visa withdrawal/cancellation amily members never applied for a student dependant visa or are not to Australia for other reasons, please confirm by ticking here arrival (to Australia) itinerary, boarding pass or movement records nembers leaving early eparture (from Australia) itinerary, boarding pass or movement records.		
10. You were not living in Australia for a continuous period of 3 months or more and held a student visa.	for all members • Flight departure (from Australia) itinerary, boarding pass or movement records • Flight arrival (to Australia) itinerary, boarding pass or movement records			
11. Other/explanation of your circumstances.				

Payment Options*			
Deposit into your local bank account	Deposit i	into someone else's account	
Account holder name:		Account holder signature:	
BSB (6 digits):		Account number :	
Financial Institution/Bank Name:			
Telegraphic transfer to your overseas account	Telegrapi	hic transfer to someone else's accou	nt Please attach a copy of their ID and/or Passport
Please note: Processing a payment to an internation information being provided, this will cause further dela			
Beneficiary Nationality:		Beneficiary Date of Birth (DD/MN	M/YYYY): / /
Account holder name:			
Account holder street address (full street name including building and street number):			
City:	State/Province:		Zip/Post code:
Account holders phone number (overseas):			
Financial Institution/Bank Name:			
Swift/BIC code:		Account Number/IBAN:	
TAX ID/Beneficiary ID:		Routing Number/CNAPS/BSB/IFSC**:	
Bank street address (full street name including building and street number):			
City:	State/Province:		Zip/Post code:
Currency which your account is held in (e.g. CNY/USD,	/INR):		
Declaration			
By ticking this checkbox, I declare that I am the pr guardian/authorised representative. I declare that all am not the primary policy holder or authorised by the I acknowledge that it is the primary policy holder's res whilst holding a Student Visa and understand that fai Australia to utilise this information to confirm the prim details to the Department of Home Affairs if their OSH	statements and po e primary policy hol sponsibility to hold ilure to do so can in ary policy holders	articulars contained on this form are tr der to request this refund it is a crimin valid health insurance throughout the avalidate their visa status and policy co visa status via the VEVO system and t	rue and correct. I acknowledge if I all offense and can be prosecuted. A duration of their stay in Australia overage. I authorise Allianz Care o provide their name and contact
General Processing of Refunds			
ENSURE ALL DETAILS PROVIDED ARE CORRECT Submit your refund application from the email add Important: Please ensure you check your junk email o We will endeavour to process all refunds within 10 wo We may contact you to clarify any details or request fu There is no minimum cover period payable if cover is or	r spam folders for or orking days of receivi urther information ir	ur email. ing a completed refund form (including n order to process your refund.	all necessary supporting evidence).
Please return completed form to:			
Allianz Care Australia OSHC		Phone: 13 OSHC (13 6742)	

+61 7 3305 7009

Email: oshcrefunds@allianzcare.com.au

Fax:

- * If you have paid for your policy by credit card, we may choose to refund the premium back to the original method of payment.
- ** CNAPS required for China and IFSC required for India

Locked Bag 3001 Toowong

QLD 4066

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 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 (Cth), 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, insurence 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 or phone us on +61733057000.

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. [version: 20 Feb 2024]