
Ready to *join?*

Here's everything
you'll need

There are three ways to join

To become an rt member, we need to ask you about the type of cover you want as well as grabbing some details about any previous health cover you've held.

There are unavoidable forms to be filled in, but because we know how much most people dislike filling in forms, we've tried to make it as simple and straightforward as we can.

There are *three ways* you can give us the information we need to help you join:

1. *Join online*

Visit our website and click on any 'join online' link. This will take you to a form 'wizard' that will help you through the process of providing all the information we need. You then print out and sign the completed form to send in to us. Visit www.rthealthfund.com.au.

2. *Join by phone*

Call our member care team and we'll take you through the form and complete the information with you over the phone. We'll then send you a copy of the completed form to check, sign and return to us.

3. *Join on the spot*

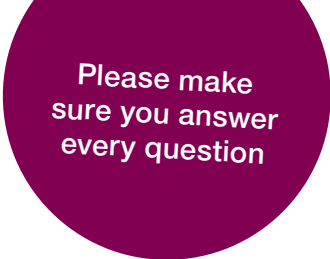
Complete the forms either filling them in by hand, or by visiting our website where you can complete them on screen. Once complete, sign and send them into us.

You can find an application form online at www.rthealthfund.com.au.

Send your completed forms to:
rt health fund
Po Box 545
Strawberry Hills 2012



Need a hand?
Call us on 1300 886 123 or
email help@rthealthfund.com.au



Complete this form to join rt health fund

Join in your own right

You are eligible to join in your own right if you are currently, or have ever been, any of the below. Please tick the appropriate box and provide details of the organisation.

1) An employee of a government or privately operated land, sea or air transport company

Name of organisation

2) An employee of a government entity charged with administering the land, sea or air transport industries

Name of organisation

3) An employee of a government or privately operated electricity generation and delivery entity

Name of organisation

4) An employee of a contract company where you are, or were, employed to provide services to an organisation described in 1, 2 or 3 above

Name of organisation

5) A current or former member of Railways Credit Union Limited

Join through a family relationship

You are eligible to join if you are related to someone who is eligible to join, or who has already joined, on the basis of the previous column. Please tick the box which best describes your relationship to that person, and write the name of the organisation for which they currently (or used to) work.

- Parent
- Brother or sister
- Brother or sister-in-law
- Partner/former partner (spouse or de facto)
- Child (natural, adopted or foster child)
- Step child*
- Son or daughter-in-law
- Grandchild
- Niece or nephew*

Name of organisation your family member worked for:

** Provided they are dependant children. A dependant child is a person who is less than 21 years of age, or a full-time student who is under the age of 25, and not married or living in a de facto relationship.*

May we ask how you heard about us?

- Friend or family member
- Visited the website
- Saw an advertisement
- Met a relationship manager
- Received information in the workplace
- Internet search

Other

Who would you like to cover?

- Family
- Sole-parent family
- Couple
- Single

Let's get your details (please use capital letters)

The main member

If you're taking a couples or family membership, we need one person to be nominated as the 'main member'. All mail from us will be addressed to the main member, and he or she will be the only person who can cancel the membership. If your spouse/partner is also going to be covered by this membership, you can grant them authority to jointly manage the membership by ticking 'yes' to the 'partner authority' question over the page.

Title Mr Mrs Ms Miss (other)

Given names

Gender Male Female

Family name

Date of birth (dd/mm/yy)

Home address (must be a residential address, not a PO box)

State Postcode



Declaration and signature

- I declare the information I have provided is correct and accurate. I understand that there are penalties for giving false or misleading information.
- I declare that I am authorised to act on behalf of my spouse/partner and any dependants, and provide their personal information for all purposes associated with rt health fund assessing this application and administering any issued policy. I will inform my spouse/partner and any dependants of the existence of the rt health fund privacy policy.
- I authorise my previous health fund, any medical practitioner, hospital, or health service provider to release to rt health fund all information regarding me, my spouse/partner or my dependants to confirm my membership and our benefit entitlements, as well as to assess any claims made by me.
- I agree to become a member of rt health fund if this application is accepted and be bound by its Constitution, rules and policies.

X	Today's date / /
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Main member please sign here

**Please make
sure you answer
every question**



Complete this form if you are transferring from another health fund

This form authorises rt health fund to cancel your membership with your current fund and obtain a transfer certificate which provides information about your membership. If you and your partner currently have separate health cover, we require a transfer form for each of you (download additional forms from www.rthealthfund.com.au). If you have a direct debit arrangement with your current fund, please contact them directly to cancel the debits.

Your details

Title Mr Mrs Ms Miss (other)

Given names

Family name Date of birth (dd/mm/yy)

Current health fund details

Name of health fund

Membership number

Name of the person your membership is held in (if not held in your own name):

Given names Family name Date of birth (dd/mm/yy)

Names of other people transferring (in addition to you)

Given names	Family name	Date of birth (dd/mm/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cover being transferred

Hospital cover only Extras cover only Hospital and extras cover

Cancellation date (dd/mm/yy)
What date would you like this cover to be cancelled from?

Authorisation

I/We authorise rt health fund to terminate my/our membership from the date specified and to obtain from your organisation details relating to my/our membership, and details of any claims made in the previous 12 months. I understand that rt health fund will not be able to finalise my membership application or process claim payments until you have provided a transfer certificate.

Today's date / /

Signature of current health fund's main member

Today's date / /

Signature of partner if covered by current health fund



Complete this form if you would like to pay by direct debit

rt must receive this form at least five business days before the first debit to allow enough time for your request to be processed. Your first deduction may include an adjusted amount to bring your payments into line with the date you nominated for your cover to begin. Your payments cover the period in advance. For example, if you choose to pay monthly, your deduction will pay for the month ahead.

I/We would like my/our contribution of \$ to be debited:

Fortnightly

Fortnightly payments will be debited on Fridays. I/We would like the first fortnightly debit to occur on Friday / /

Monthly Quarterly Half-yearly Yearly

All other payments will be debited on the 6th of the month, or the following banking day.

I/We would like the first debit to occur on / /

Bank account debit (See over page for credit card accounts.)

Please complete this section if you wish to have your contributions deducted from your bank, building society or credit union account. Direct debiting is not available on all types of account, if you are in doubt as to whether it is available, please contact your financial institution.

If the account from which contributions are to be deducted is a joint account, please include both account holders' names below.

Given names	Family name
<input type="text"/>	<input type="text"/>
Given names	Family name
<input type="text"/>	<input type="text"/>

I/We request you, until further notice in writing, to debit my/our account any amounts which rt health fund (abn 93 087 648 744, user id number 018015) may debit me/us for health cover contributions through the Bulk Electronic Clearing System (BECS).

I/We understand and acknowledge that this agreement is governed by the terms of the Direct Debit Service Agreement (attached to this form) and the terms and conditions of my/our rt health fund membership.

I/We authorise rt health fund to debit the nominated account for payment of contributions and to vary the amount of the debit as necessary for changes to cover or contributions.

Name of bank, building society or credit union	BSB number	Account number
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>
Account name		
<input type="text"/>		

Would you like to nominate this as the account your claim benefits are paid into?

Yes No If no, you can nominate a different account or elect to receive claim payments by cheque when you complete your first claim form.

Account holder's name (please print)	Account holder's name (please print)
<input type="text"/>	<input type="text"/>
<input type="text"/> X Today's date / /	<input type="text"/> X Today's date / /

Account holders please sign here

Credit card debit

Please complete this section if you wish to have your contributions deducted from your credit card account.

Name on card

Card number

Expiry date (mm/yy)

 /

Type of card

Mastercard Visa

I (insert your name)

authorise rt health fund to debit the nominated credit card account for payment of contributions and to vary the amount of the debit as required for changes to contribution rates as notified or requested.

X	Today's date / /
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← Cardholder please sign here

Direct Debit Request Service Agreement (DDR-SA)

Please copy this DDR-SA and keep for your records.

Definitions

account means the *account* held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than a Saturday or a Sunday or a public or bank holiday listed throughout Australia.

debit day means the day that payment by *you* is due to *us*.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or we means rt health fund *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *direct debit request*.

your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit *your* contributions from.

Terms and conditions

1 Debiting

1.1 By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 We will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.

Or

We will only arrange for funds to be debited from *your account* if we have sent to the address nominated by *you* in the *direct debit request*, a billing advice that specifies the amount payable by *you* to *us* and when it is due.

1.3 If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the following *banking day*. If you are unsure about which day *your account* has or will be debited you should ask *your financial institution*.

2 Changes by us

2.1 We may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least twenty-one (21) days written notice.

3 Changes by you

3.1 You may change, stop or defer a *debit payment*, or terminate this *agreement* by providing us with at least twenty-one (21) days notification in writing to: rt health fund, Po Box 545, Strawberry Hills 2012, or arranging it through *your own financial institution*.

4 Your obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *direct debit request*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

- (a) *you* may be charged a fee and/or interest by *your financial institution*;
- (b) *you* may also incur fees or charges imposed or incurred by *us*; and

(c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.

4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct

4.4 If railway & transport health fund ltd abn 93 087 648 744 ("rt health fund") is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay rt health fund on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5 Dispute

5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 1300 886 123 and confirm that notice in writing with *us* as soon as possible so that we can resolve *your* query more quickly.

5.2 If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to your query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your account* has been adjusted.

5.3 If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your* query by providing *you* with reasons and any evidence for this finding.

5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that we can attempt to resolve the matter between *you* and *us*. If we cannot resolve the matter *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on your behalf.

6 Accounts

You should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* before completing the *direct debit request* if *you* have any queries about how to complete the *direct debit request*.

7 Confidentiality

7.1 We will keep any information (including *your account* details) in *your direct debit request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about *you*:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8 Notice

8.1 If you wish to notify *us* in writing about anything relating to this agreement, *you* should write to: CEO, rt health fund, Po Box 545, Strawberry Hills 2012.

8.2 We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *direct debit request*.

8.3 Any notice will be deemed to have been received two *banking days* after it is posted



Complete this form if you would like to pay by salary deduction

Please check with us or with your employer to make sure there is a salary deduction plan in place before choosing this option. We need to ask for your name and other contact details again here as we forward this form to your employer for their records.

Your details

Title Mr Mrs Ms Miss (other)

Given names

Family name

Date of birth (dd/mm/yy) / /

Your employer's details

Employer's name

Location, section or department

Employee number

Paymaster's name

Paymaster's telephone number

Paymaster's fax number

Salary deduction request

Some organisations only do salary deductions at certain times, please check with your HR department that the payment frequency you want is available.

Please deduct the amount of \$. from my pay each week fortnight month

Please note: There may be a payment adjustment required to cover the period of time from when your cover commences to when your first salary deduction occurs. We will contact you to advise you of this amount (if any).

- If you change to another method of payment, you will need to make a payment adjustment to begin making payments in advance (salary deduction payments are generally paid for the period just ended).
- With four weeks' notice, rt health fund may choose to remove the option of salary deduction from your group.

X		
Today's date / /		

Please sign here

Group number

Office use only

Thank you, we look
forward to having you
on board

be well. get well. stay well.