

Refund form

Please complete form in CAPITAL letters, and attach evidence required.

Personal and policy details	
OVHC policy number:	
Policy expiry date: ___/___/_____	Date of birth: ___/___/_____
Given name:	Family name (surname):
Telephone (Home):	Mobile:
Email address:	
Has your sponsor paid for your health cover? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, you may be eligible for a refund via your sponsor. Please contact your sponsor to arrange receipt of your refund.	

Refund reasons and evidence required	
Reason for refund (please tick)	Evidence required
<input type="checkbox"/> You had paid your premium and did not come to Australia	<ul style="list-style-type: none"> Letter from Department of Home Affairs indicating decline of eligible visa.
<input type="checkbox"/> You paid your OVHC premiums on the basis of an extended stay but the extension of authorised stay was not granted by the Department of Home Affairs	<ul style="list-style-type: none"> Letter from Department of Home Affairs indicating that extension of authorised stay not granted; and Copy of eligible visa.
<input type="checkbox"/> You have been granted permanent residence in Australia	<ul style="list-style-type: none"> Copy of permanent residency visa label from your passport or immigration letter indicating the date when PR will commence.
<input type="checkbox"/> You can provide proof of health cover with another organisation	<ul style="list-style-type: none"> Certificate of Insurance from another Fund (showing commencement and expiry dates, listed beneficiaries and type of policy).
<input type="checkbox"/> You have simultaneous visitors health cover policies with Allianz Care Australia	<ul style="list-style-type: none"> Provide all of your current policy numbers; and Copy of entry stamp into Australia; and Copy of eligible visa.
<input type="checkbox"/> You have left Australia	<ul style="list-style-type: none"> A copy of your e-ticket or boarding pass, or other relevant documentation, verifying your flight out of Australia.

Please state the date you would like your policy to be cancelled from : ___/___/_____

Please sign	
Signature (Policy holder only):	Date: ___/___/_____

***Please note:** Allianz Care Australia may be required to notify the Department of Home Affairs of policies which are cancelled and refunded.

Payment options

Please select an option below for receiving your refund payment.

Deposit into local bank account , or **Deposit into someone else's account**

Account holder name:	Account holder signature:
BSB (6 digits):	Account number :

Telegraphic transfer to overseas account

Please note: Any bank or transfer costs associated with the refund of premium to an overseas financial institution will be borne by you and deducted from the premium refund.

Account holder name:	
Account holders address (Include City/State/Prov/Zip Code):	
Account holders phone number (overseas):	
Bank /fund name:	
BSB/Swift/BIC code:	Account number:
IBAN or IFSC (where applicable):	Routing number (where applicable):
Bank address (full street address):	
Currency which your account is held in:	

General Processing of Refunds

- We will endeavour to process all refunds within 10 working days of receiving a completed refund form (including all necessary supporting evidence). International bank transfers may take longer.
- We may contact you to clarify any details or request further information in order to process your refund.
- Refunds are calculated on a monthly pro-rata basis, with a minimum refund of one month.
- Any amount that we retain on these grounds is treated as a fee for processing your refund.
- There is no minimum cover period payable if cover is cancelled prior to arrival in Australia.
- For transfer to someone else's account, please provide a signed and dated letter of authority

Please return completed form to:

Allianz Care Australia Locked Bag 3004 Toowong QLD 4066	Phone: 1300 727 193 Fax: +61 7 3305 7316 Email: ovhc@allianzcare.com.au
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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 Australia', 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 (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 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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