Your *member guide*

This is an important document.
Please read it carefully and retain for future reference.

Doctors Health by Avant

A Members Health Fund

Welcome to the health fund that is dedicated to serving the health insurance needs of the medical community.

This guide is designed to help you understand your Doctors' Health Fund membership and other important private health insurance information.

If you'd like to find out more, visit the Doctors' Health Fund website **doctorshealthfund.com.au**, email us **info@doctorshealthfund.com.au** or call us on **1800 226 126**.

We are always happy to provide help for your individual circumstances.

Handy tips to get you started

1. Review your welcome letter to ensure all your personal and policy information is correct.
2. Access Online Member Services to manage your policy – visit our website, select 'Member login' (top right) and register your account to get started.
3. Download our app, another easy way to manage your policy and submit claims – search 'Doctors Health Fund' on the **App Store** or **Google Play**.
4. Contact us by email **info@doctorshealthfund.com.au** or call us on **1800 226 126** if you have any questions. We provide personal, professional service with an overall member satisfaction rating of 94%*.
5. Refer to our website **doctorshealthfund.com.au**, app or **Online Member Services** for the most up-to-date policy information.

Make the most of your cover

- Make sure you're aware of relevant waiting periods, exclusions, restrictions and extras limits on your cover (you can find these in your hospital or extras cover guides).
- If you're going to hospital, go to a Doctors' Health Fund contracted hospital. There will be significant out-of-pocket expenses at a non-contracted hospital. You can find a contracted hospital at **doctorshealthfund.com.au/find-hospital**.
- If you chose Prime Choice Gold Hospital or Smart Starter Bronze Plus Hospital, check if your doctor will participate in Access Gap Cover – this can help minimise out-of-pocket expenses. Find doctors who participate in this gap scheme at **doctorshealthfund.com.au/find-doctor**.
- Check the Australian Government initiatives later in this guide as they can reduce the cost of your premiums.

* The Doctors' Health Fund annual member satisfaction survey October 2024

Access your policy online

Our ***app*** and ***Online Member Services*** make it easy to manage all aspects of your policy on a desktop or mobile device. When you've registered and logged in, you can:

- submit a claim in seconds
- view your membership details and the services you are covered for
- set up and manage your bank details for receiving benefit payments
- update your contact details and how you pay your premium
- check your extras usage and remaining limits
- keep track of any waiting periods that apply to your policy.

In Online Member Services you can also:

- invite your partner to create their own personal log-in
- make a premium payment
- request a new membership card
- download important policy-related documents such as your annual private health insurance tax statement.

How to claim

We don't have any preferred providers, meaning unlike other health funds, there's no requirement for you to visit a certain dentist, physiotherapist, or other provider. We advocate for clinical independence and freedom of choice, so you choose who you visit for your extras services.

Use your membership card or in-app QR code

The most popular and convenient way to submit your extras claim is at your healthcare provider. Ask your extras provider if they are connected to either HealthPoint or HICAPS. If they are, the easiest way to claim is with cardless claiming via the Doctors' Health Fund app. Simply use the in-app HICAPS QR code for on-the-spot claims at participating providers.

HICAPS

HealthPoint

Or give them your membership card and they can process your claim on the spot – you only pay the difference between the amount of the benefit and the amount of their bill.

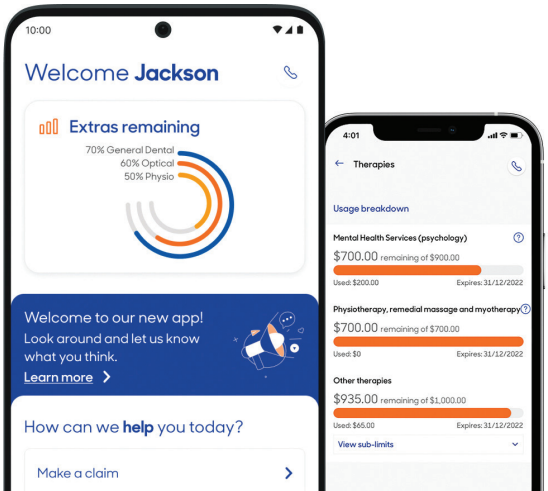
Use our app or Online Member Services

Alternatively, you can pay for the service up front and easily submit a claim using our app or by logging in to Online Member Services. Simply take a photo of your invoice or receipt with the app, or upload a photo or document, and click submit. We'll process your claim within two business days.

Benefits are paid directly into your bank account, so make sure you have one nominated. To check if you have a nominated bank account, go to 'Profile > Payment details' in the app or look in 'Payments' in Online Member Services.

Replacement card

To request a replacement card, call us or log in to Online Member Services. If you misplace your card, notify us immediately so that we can cancel it and issue a new one.



Managing your premiums

There are several ways Doctors' Health Fund members can pay their health insurance premiums. These include:

Billing

- use our phone payment option to make secure credit card payments 24 hours a day, seven days a week
- call us on **1800 226 126** to speak to our Member Services Team

Direct debit

- credit card – we accept Visa and Mastercard
- bank account

Many of our members choose to set up an automatic payment or direct debit from their bank account or credit card. This ensures your cover stays in place. If something goes wrong with a payment we will contact you.

With automatic payments, your authorisation also covers any premium price changes. We will send you notice of any premium price changes before they happen.

You are not covered if your contributions are in arrears.

If you're paying by direct debit, your first payment will be deducted from your account in accordance with your chosen payment frequency. We'll send you a text before your next payment is deducted.

If you wish to change your payment method or if your credit card expires, call us on **1800 226 126** or update your details in our app or Online Member Services.

> Pay annually in advance to receive a 2.5% discount.

If you switched insurers

To ensure continuity of cover you must join Doctors' Health Fund within 60 days of cancelling your membership with your previous health insurer. Here are some important aspects of switching your cover that you need to be aware of.

Continuity of cover

The fund you leave must provide a transfer certificate within 10 business days. The certificate includes information about:

- the waiting periods you have served
- the insurance product or level of cover you have been on
- any lifetime health cover loading
- the remaining amount of your extras limits transfer.

How waiting periods are applied when transferring

If you are switching from another cover that has comparable benefits and conditions, you may not need to serve relevant waiting periods again.

We will contact you once we have received the transfer certificate.

If you are new to health insurance, you will have to serve relevant waiting periods before you can claim for all services.

Limits and benefits

Some health funds allow members to accrue benefits or increases to their annual extras limits based on their years of membership with that fund. Only your accrued orthodontic limits and benefits from your previous health insurer will transfer over to Doctors' Health Fund.

All benefits, limits and excesses used with your previous fund will be taken into consideration when paying claims in the first calendar year of joining.

Dr Louise Woodward and family
Members since 2003

Keeping your children covered

Your eligible children can be covered as dependants on a family or single parent membership up to the age of 32 (although in some cases there is an extra premium). After your children turn 21, they are known as either a student or non-student dependant. Dependants with disability can remain on your policy regardless of their age.

Who is a dependant?

A *dependant* is a child, stepchild or foster child under the age of 21 who earns less than $101,000 per year and is not married or in a de facto relationship.

A *student dependant* is a child, stepchild or foster child between the ages of 21 and 31 (inclusive) who earns less than $101,000 per year, is not married or in a de facto relationship, and is a full-time student at a school, college or university. Student dependants are covered at no extra cost to your premium. We will contact you to confirm their student dependant status at the beginning of each year.

A *non-student dependant* is a child, stepchild or foster child between the ages of 21 and 31 (inclusive) who earns less than $101,000 per year, is not married or in a de facto relationship, and is not undertaking full-time education at a school, college or university. Non-student dependants can be covered on your family or single parent membership by upgrading your cover to extended family or extended single parent cover, which have an extra premium.

A *dependant with disability* is a child, stepchild or foster child aged 21 or older who earns less than $101,000 per year and participates in the National Disability Insurance Scheme (NDIS). They can be married or have a de facto partner. There is an extra premium equivalent to extended family or extended single parent cover.

Children who are no longer dependants

A child who is no longer a dependant cannot stay on your family cover but can take out their own cover with Doctors' Health Fund. They must join within 60 days of their cover ending to ensure continuity of cover and to avoid re-serving waiting periods.

Adding a child to your policy

Contact us to add a child to your membership within 60 days of their birth. This will ensure your child doesn't need to serve any waiting periods. Be aware, there may be tax implications if your child isn't added to your policy from their date of birth.

Optical discounts

Doctors' Health Fund have no preferred provider arrangements, giving our members flexibility to choose their own extras providers. Optical benefit limits are the same irrespective of the provider you choose. Doctors' Health Fund members with extras cover have access to the following optical retailer discounts.

Bailey Nelson

- 20% off optional lens extras (includes sun tint and UV filter, polaroid lenses, transition lenses, driving tints, divewear lenses, thin and light lenses)
- 10% off non-prescription sunglasses
- 10% off contact lenses (including free contact lens assessment, fitting and trial)

Visit **baileynelson.com.au**

Clearly.com.au

For any online purchase where the starting price is $99 or more:

- 20% off lenses (excluding contact lenses and sunglasses)
- 12% off contact lenses (excluding solutions)
- Free shipping

Visit **clearly.com.au**

OPSM, Laubman & Pank

- 20% off lenses and lens add-ons (e.g. UV coating)
- 15% off non-prescription sunglasses*
- 10% off contact lenses purchased at retail stores
- 5% off contact lenses purchased online from **opsm.com.au**, plus free delivery

Visit **opsm.com.au**
Visit **laubmanandpank.com.au**

Specsavers

- 25% off complete glasses (frames and lenses) from the $149 and above range
- 20% off all optical extras such as sun tints, UV filters, transition lenses
- Free contact lens assessment, fitting and trial
- Eye test bulk billed to Medicare for eligible customers, with OCT Scan included at no extra cost
- Note: Bulk billed eye test available for eligible Medicare card holders.

Visit **specsavers.com.au**

Q Optical Network

- A free second pair of glasses or 50% off a second pair or free Cancer Council sunglasses
- 15% off all non-custom contact lenses
- A $50 voucher for Doctors' Health Fund members, including dependants, to redeem each year on any complete full-price glasses or prescription sunglasses. Show a print or digital version of the voucher in store. Only one voucher can be used per transaction; non-transferable. Visit **doctorshealthfund.com.au/optical-discounts** to download the voucher.

Visit **qopticalnetwork.com.au**

*15% discount is not available on the following brands: Alain Mikli, Brunello Cucinelli, Cartier, Chanel, Lindberg, Miu Miu, Moncler, Oakley Bisphaera, Oakley Encoder, Oakley Kaast, Oakley Kato, Oakley Kato X, Oakley Plantaris, Oakley Sphera, Oakley SubZero, Oliver Peoples, Persol, Prada, Prada Linea Rossa, Ray-Ban Change, Ray-Ban Ferrari and Ray-Ban Reverse. The offer also excludes safety certification fee, sale items, eye exams, eye exam technology, contact lens consultations, Third Party contracts, Eyewear Protection Plan, value or kids' packages and gift cards.

^Please note that non-prescription sunglasses are not covered under Doctors' Health Fund's extras policy and cannot be claimed.

Managing your membership

Whether you're moving house or switching banks, it's easy to update your personal details through Online Member Services or our app. You can also email or call us and our friendly Member Services Team will help you.

Membership authority and adding or removing people

Policy holder

All correspondence that we send will be addressed to the policy holder. The policy holder can add or remove others from the policy and obtain information about claims made on the policy.

Partner authority

Your partner on the policy has the right to make changes, provided they are not detrimental to the policy e.g. downgrading the cover.

If you separate from your partner, the partner who is not the policy holder may remove themselves from the policy and take out a new policy. Your partner, and any dependants aged 16 years and older, can request their information be kept private on the membership.

Third party authority

You can nominate to have an adult as an authorised third party to access information on the policy.

Change of address

Please notify us within two months of changing your address.

Our premiums vary from state to state, so we may need to adjust your premium.

Changing level of cover

You can change your level of cover at any time. Call us on **1800 226 126** to discuss the best options for you. When upgrading, you'll have the benefits of your previous level of cover during the waiting period.

Additional/replacement cards

To request additional or replacement cards, give us a call or log on to Online Member Services. If you misplace your card, notify us immediately so we can cancel it and issue a new one.

Suspending your membership

You may suspend your cover if all people on your membership travel overseas for a minimum of one month. It is important to notify us before you depart to ensure your premium payments are made up to the day prior to departure.

Proof of travel – either an itinerary, boarding pass or ticket – is required.

To avoid additional waiting periods, your membership should be reactivated within one month of returning. Please note that benefits are not payable for treatment received during the period of suspension.

By suspending your membership, you may be affected by the Medicare levy surcharge.

Cancelling your membership

To cancel your membership, please call us on **1800 226 126** or email **info@doctorshealthfund.com.au**.
If you have already joined a new health fund, they will contact us.

Cooling off period

If for any reason you change your mind within the first 30 days of joining and have not made a claim, simply call us on **1800 226 126** or email **info@doctorshealthfund.com.au** and we will cancel your policy and refund any premiums you have paid.

Government initiatives

To encourage Australians to protect themselves with private health insurance, the Australian Government has a range of initiatives and programs.

Please review your information regarding these incentives to ensure you are receiving your maximum entitlements.

If your circumstances change please contact us on **1800 226 126**.

Australian Government private health insurance rebate

Australians who take out private health insurance are eligible to receive a rebate from the government to help cover the cost of their private health insurance premiums.

This rebate, known as the private health insurance rebate, is income-tested and associated with your 'status' (single, had a spouse or single-parent) at 30 June.

A person may claim the private health insurance rebate if they:

- are eligible for Medicare
- have hospital cover, extras cover or both
- have an income for surcharge purposes.

Income for surcharge purposes is not the same as taxable income (see **ato.gov.au** for details). The amount of rebate is based on these 'income for surcharge purposes' tiers:

	Base tier	Tier 1	Tier 2	Tier 3
Singles	$101,000 or less	$101,001-$118,000	$118,001-$158,000	$158,001 or more
Families or couples	$202,000 or less	$202,001-$236,000	$236,001-$316,000	$316,001 or more

Rebate percentages are adjusted annually on 1 April.

Private health insurance rebate applicable from 1 April 2026

Age	Base tier	Tier 1	Tier 2	Tier 3
Under 65	24.118%	16.079%	8.038%	0%
65-69	28.139%	20.098%	12.058%	0%
70+	32.158%	24.118%	16.079%	0%

There are two ways you can claim your rebate:

- as a premium reduction through Doctors' Health Fund – contact us on **1800 226 126** if you have any questions
- as a tax offset when lodging your annual tax return – visit the Australian Taxation Office website **ato.gov.au** or call **132 861**.

The Medicare levy surcharge

This is levied on payers of Australian tax who do not have private hospital cover and who earn above a certain income.

The surcharge is calculated at the rate of 1% to 1.5% of your 'income for Medicare levy surcharge purposes'. It is in addition to the Medicare levy of 2%, which is paid by most Australian taxpayers.

The Medicare surcharge levels applicable from 1 July 2025

	Base tier	Tier 1	Tier 2	Tier 3
Singles	$101,000 or less	$101,001–$118,000	$118,001–$158,000	$158,001 or more
Families or couples	$202,000 or less	$202,001–$236,000	$236,001–$316,000	$316,001 or more
Surcharge	0.0%	1.0%	1.25%	1.5%

The family income threshold is increased by $1,500 for each dependant child after the first child.

To work out your income for Medicare levy surcharge and rebate purposes, you can refer to the Australian Taxation Office's **private health insurance rebate calculator** or contact the ATO directly on **132 861**.

Lifetime health cover

Lifetime health cover (LHC) is an Australian Government initiative designed to encourage people to take out hospital insurance earlier in life and to maintain it. It does not affect extras cover.

Lifetime health cover has a base day which is the later of 1 July 2000 **or** 1 July following your 31st birthday.

If you do not have hospital cover with an Australian registered health fund on your lifetime health cover base day and decide to take out hospital cover later in life, you pay a 2% loading on top of your hospital insurance premium for every year you are aged over 30.

For example, if you first took out hospital cover at age 40 you pay 20% more than someone who first took out hospital cover at age 30.

After you have paid a LHC loading on your private health insurance for 10 continuous years the loading is removed.

Your loading will remain at 0% if you retain your hospital cover or, if you cancel your cover after the loading is removed, as long as you do not exceed your permitted days without hospital cover.

Visit **privatehealth.gov.au** for detailed information about how lifetime health cover works and its exemption categories. Alternatively, you can email us at **info@doctorshealthfund.com.au** or call to speak to one of our Member Services specialists on **1800 226 126**.

A discount for 18 to 29 year olds

The age-based discount is an Australian Government initiative to encourage more young people to protect themselves with private health insurance. This initiative is voluntary for health funds to adopt. Doctors' Health Fund has the discount available on all hospital products.

If you are aged between 18 and 29 when you take out your own private health insurance, you can save up to 10% a year on your hospital premium.

The discount is based on your age when you take out cover for the first time after 1 April 2019. The discount you receive at the time of joining remains until you turn 41, after which it reduces by 2% per annum. If you have a couple or family policy, your discount will be calculated as an average of the individual discounts of the two adults.

Age	18–25	26	27	28	29	30+
Discount	10%	8%	6%	4%	2%	0%

The discount is applied to your premium when you join.

Transferring from another health fund? If your previous health fund offered you a discount under this initiative, we will honour this same discount on your Doctors' Health Fund policy regardless of your age when you join us.

The Private Health Insurance Code of Conduct

The Doctors' Health Fund is a signatory to the Private Health Insurance Code of Conduct and agrees to be bound by it.

The code is designed to help you by providing clear information and transparency in your relationships with health funds.

The code covers four main areas of conduct in private health insurance, ensuring:

1. you receive the correct information on private health insurance from appropriately trained staff
2. you are aware of the internal and external dispute resolution procedures available if you have a dispute with a private health insurance fund
3. policy documentation contains all the information you require to make a fully informed decision about your purchase and that all communications between you and your fund are conducted in a way that the appropriate information flows between the parties. This includes staff, agents and brokers who from time to time may interact with you
4. all information between you and your fund is protected in accordance with national and state privacy principles.

You can view the Code of Conduct at **privatehealthcareaustralia.org.au/codeofconduct**

Privacy policy

Who we are

In this Privacy Policy "we", "our", and "us" refers to Avant Mutual Group Limited ABN 58 123 154 898, and each of its related entities including Avant Insurance Limited ABN 82 003 707 471 AFSL 238765, The Doctors' Health Fund Pty Limited ABN 68 001 417 527, Doctors Financial Services Pty Ltd ABN 56 610 510 328, Avant Foundation Trust ABN 27 179 743 817, Avant Law Pty Ltd ABN 63 136 429 153 and MyPracticeManual Pty Ltd ABN 16 150 460 129 trading as PracticeHub. We offer professional indemnity insurance, health insurance, life risk insurance and other products and services, including member services. We may maintain additional rules, practices and policies, which are consistent with this Privacy Policy.

Purpose

We are committed to protecting the privacy of your personal and sensitive information and to handling your personal and sensitive information in accordance with the *Privacy Act 1988 (Cth)* (the "Privacy Act") and the Australian Privacy Principles. In this Privacy Policy, a reference to personal information includes sensitive information.

This Privacy Policy explains how and why we collect, use, hold and disclose your personal information.

This Privacy Policy is current from September 2023. From time to time we make changes to our policies, processes and systems. We will update this Privacy Policy to reflect any changes to how we handle your personal information. This Privacy Policy applies to you only to the extent that the collection and handling of your personal information by us is subject to the Privacy Act.

Collection

Personal information is information or an opinion (regardless of its accuracy or form) about an identifiable individual. The personal information collected and stored by us about you (and other people) may include your name, residential and email address, date of birth, gender, health information, details of claims, complaints, incidents and proceedings regarding you or others covered on your policy, credit card and direct debit details, your claims and insurance history and status, practice details, education details and contact details. When you apply for or we need to facilitate a specific product or service, we may also collect information from you related to that product or service.

You are not required to give us your personal information. However, we may not be able to provide you with the products or services that you request of us without your personal information.

Collection of personal information from you

We collect your personal information from you in various ways, such as over the phone (including by way of recording telephone calls), in person at one of our offices, via email and over the internet if you transact with us online. We collect your personal information when you apply for products or services we offer, become a member or renew your membership, report an incident, complete questionnaires, have telephone conversations with us or otherwise communicate with us.

Collection of personal information of patients and other people

Where necessary, we may also collect your personal information from someone else, such as:

- if you are a patient, your health practitioner
- if you are covered under one of our policies as a dependent, the policyholder
- if you are named under one of our joint policies (e.g. a family policy) one of your joint policyholders.

If you provide information to us about another person, then you are responsible for obtaining that person's permission to disclose their personal information to us and telling the other person that you have provided information about them to us. You should also tell them who we are, that they may access their personal information, and that we will treat their personal information in accordance with this Privacy Policy.

If you are a policyholder and there are other persons covered on your policy, then unless we are notified otherwise, we may disclose the personal information of all persons covered on the policy to you. Likewise, we may disclose your personal information to your joint policyholders and to any other person who you have authorised to have access to your policy.

If you are a health practitioner, we recommend you check that your place of work has a privacy policy in place and a notice displayed which informs patients that they may, from time to time, pass on personal information about patients to us.

Collection of sensitive information

If you apply for membership, for certain insurance products, for services such as medico-legal advice, other legal advice or risk advice, or make a claim under a policy, we may need to collect sensitive information about you. In administering policies and providing services to you, we may also need to collect sensitive information about your patients if you are a health practitioner, or the other persons covered on your policy if you hold a policy with us. Depending on the policy or service, this sensitive information may include details about income, health and medical issues, religious beliefs and criminal history.

If we collect sensitive information about you, we do so in accordance with the Australian Privacy Principles.

Collection of your personal information from third parties

Whenever possible, we collect your personal information from you. However, there may be occasions when we collect personal information about you from someone else. For example, you may apply for a product or service through a broker, corporate group, association or financial adviser.

We may also obtain information about you from other insurers, for example, we need to obtain details of prior claims, and our related entities. We may also obtain information about you from medical providers, government bodies or other professional experts in order to provide you with a policy or assess or facilitate a claim you make.

Irrespective of the source of the information, we respect and protect the privacy of personal information in accordance with this Privacy Policy.

Use

We will only use your personal information in accordance with the Privacy Act and the Australian Privacy Principles, including with respect to the purposes for which it is collected, to provide, administer and improve our products and services, and for marketing purposes. For example, if you apply for membership or insurance with us, we may collect and use your personal information to:

- assess your application
- underwrite and price any policy
- issue and administer any policy
- provide assistance, legal advice and legal defence
- provide risk management and education services
- provide medico-legal and ethical advice
- investigate, assess and pay any claim made by or against you under your policy
- contact you as necessary on issues relating to your insurance or our services
- conduct research and statistical analysis
- processing your survey responses for the purpose(s) notified in the survey
- any other purpose identified at the time of collecting your information.

We also need to collect, use and store your personal information so that we can answer any questions you may have regarding our products or services.

We may also de-identify your personal information so that de-identified information can be used for research and statistical analysis.

Personal information will only be handled for purposes notified to you, purposes that you would reasonably expect, any purpose that you consent to (including consent provided under this Privacy Policy) or as otherwise required, authorised, or permitted by law.

Sharing and disclosure of your information

In providing and administering our insurance and other services, we may need to disclose your personal information to third parties including our distributors, agents and brokers, other insurers and reinsurers, solicitors, professional advisers, actuaries, government regulatory bodies, tribunals, courts of law, hospitals, doctors and other ancillary providers, debt collection agents and those involved in managing corporate risk or strategies. We may also disclose personal information to our related entities (this excludes sensitive information, except where it is in de-identified form, unless you have consented to disclosure to related entities).

We may disclose information about you to outside contractors in connection with carrying out activities on our behalf, for example such contractors may include a mailing house, marketing agencies, technology or other service providers, solicitors or debt collection agencies.

We impose security and confidentiality requirements on how they handle your personal information. Outside contractors are required not to use information about you for any purpose except for those activities we have asked them to perform. We may disclose your personal information in an emergency, investigation of suspected criminal activity or where we are otherwise authorised or required by law.

We may occasionally need to transfer or disclose your personal information to a foreign country, including the United Kingdom and the United States of America, to administer a claim or incident relating to your policy, provide you with products and services or manage our relationship with you. You acknowledge that disclosure to third party service providers located overseas may be required, and should this be necessary we will use reasonable endeavours to ensure that the recipient will not hold, use or disclose that information in a manner which is inconsistent with the Privacy Act and Australian Privacy Principles.

We may also from time to time provide de-identified information to third parties for research and/or educational purposes.

Receiving marketing material from us

It is our aim to provide you with a range of leading products and services offered by us and our related entities. To do this, unless you opt-out, we use the information that you provide to us for market research purposes so we can better understand your needs. We then provide you with information, marketing materials, and related publications by phone, text message, postal mail or email about products and services that we believe will be of interest to you, as well as access to offers and competitions. For example, we may contact you about products and services we think may be of interest to you after you cease to hold an insurance policy with us. We might also contact you about renewing your old policy or taking out a new policy.

We may share your personal information on a confidential basis with our related entities so that they can also offer you products and services. Direct marketing will not contain any of your sensitive information. We provide you with a choice to opt out of our marketing activities and will respect your request not to receive marketing material from us. If you do not wish to receive marketing material from us, we ask you to contact us and our related bodies corporate at any time or by following the opt out instructions provided in the marketing communication. You should inform us if you do not want your personal information to be used and disclosed for marketing purposes. We will implement your request as soon as we can and apologise if you do receive any materials during the intervening period.

Security

We endeavour to keep personal information safe by taking all reasonable precautions to protect personal information from misuse, loss and unauthorised access, modification or disclosure. Our staff receive training and information on the Privacy Act and the Australian Privacy Principles.

We keep your information so that we can continue to provide the products and services you have requested from us or as required.

We hold the personal information in physical and/or electronic form. Electronic data is stored on our systems and servers and /or on servers owned by third parties.

Cookies and other technology

Our websites use cookies from third parties such as Google to improve the online experience for our site visitors and for marketing purposes. A cookie is a small text file that our site may place on your computer as a tool to remember preferences. You may refuse the use of cookies by selecting the appropriate settings on your browser; however, this may affect the functionality of the website.

We use reports provided by Google Analytics to help us understand website traffic and webpage usage. We analyse user activity on the website such as pages visited, search terms and time spent on site to help us gain insights about how we can improve the functionality and experience of the website for our site visitors. We also use information provided by third parties such as Google, including Google Analytics Remarketing cookies, for remarketing activities and to improve user experience.

By using our websites, you consent to the processing of data about you by Google in the manner described in **Google's Privacy Policy** and for the purposes set out above. You can opt out of Google Analytics if you disable or refuse the cookie, disable JavaScript, use the **opt-out service provided by Google** or change your **Google account privacy settings**.

Accessing, updating, complaints and questions about personal information

We will take reasonable steps to ensure that the information we hold about you is accurate, complete and up-to-date.

For access to personal information we hold about you, if you believe that the information we have about you is not accurate, complete or up-to-date, or if you have a complaint or question about the privacy of your personal information, we ask that you contact us:

The Privacy Officer
Avant Mutual Group Limited
PO Box 746
Queen Victoria Building NSW 1230
privacy@avant.org.au
1800 128 268

We will, wherever possible, allow you access to the information or a copy we hold about you and correct that information if it is wrong.

We do not charge a fee to give you access to or a copy of your personal information. However, we reserve the right to do so depending on the nature and extent or your request.

If we decline a request for access, or refuse to update information, we will provide you with written notice of the reasons together with an outline of the procedure that you can follow to have this decision reviewed. No costs will be associated with this request.

Upon receipt of a complaint we will consider the complaint and attempt to resolve it in accordance with our complaints handling procedures. We will endeavour to promptly respond to your questions, concerns or complaints. We will also endeavour to resolve any concerns or complaints which you may have to your satisfaction within 30 days, unless an extension is required.

If you are dissatisfied with our handling of a complaint or the outcome you may make an application to the Australian Information Commissioner. The Australian Information Commissioner will make a determination in accordance with the Privacy Act and the Australian Privacy Principles.

Changes to this Privacy Policy

We reserve the right to review, and if necessary, make amendments to this Privacy Policy at any time and notify you by posting an updated version of the policy on our websites, including **avant.org.au**, **practicehub.com.au** and **avantlaw.com.au**. Such amendments will take effect from the date of publication on the website.

Privacy Online

Please read the online terms of use published on each of our websites which, together with this Privacy Policy, outline how we will treat your personal information when you transact with us on the internet.

Direct debit service agreement

The following is your Direct Debit Service Agreement with The Doctors' Health Fund Pty Ltd ABN 68 001 417 527. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

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 holiday listed throughout Australia.

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

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 The Doctors' Health Fund Pty Ltd, (the Debit User) you have authorised by signing a Direct Debit Request.

You means the customer who has signed or authorised by other means the Direct Debit Request.

Your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

1. Debiting your account

1.1 By signing a Direct Debit Request or by providing us with a valid instruction, 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 as in the Direct Debit Request.

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. Amendments 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 fourteen (14) days written notice.

3. Amendments by you

3.1 You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to:

The Doctors' Health Fund Pty Ltd
PO Box Q1749 Queen Victoria Building Sydney NSW 1230

or by telephoning us on **1800 226 126** during business hours, or by 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:

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

- 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 The Doctors' Health Fund Pty Ltd is liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay The Doctors' Health Fund Pty Ltd 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 **1800 226 126** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.

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 in writing.

6. Accounts

6.1 You should check:

- 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.
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- 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:

- to the extent specifically required by law; or
- 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:

The Doctors' Health Fund Pty Ltd
PO Box Q1749 Queen Victoria Building Sydney NSW 1230

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 on the third banking day after posting.

Contact us today

For more information or if you have any questions about what your policy covers, contact our Member Services Team.

1800 226 126

Monday to Friday (excluding NSW public holidays) 8:30am to 6:00pm (NSW time)

Get a quick quote at **doctorshealthfund.com.au**

info@doctorshealthfund.com.au

PO Box Q1749
Queen Victoria Building
Sydney NSW 1230

Refer your eligible friends & family and you'll each receive a $100 eGift Card when they join. T&Cs apply**

Share your unique referral code from Online Member Services

Refer a friend

** Refer a friend full terms and conditions **doctorshealthfund.com.au/refer-a-friend**

The *only health fund* made for doctors, their families, and the medical community

1800 226 126
info@doctorshealthfund.com.au
doctorshealthfund.com.au

Doctors Health by Avant

A Members Health Fund