

(Example of Membership Clearance Certificate)

<Fund letterhead>

Clearance Certificate Enquiries:	(00) 987654321
General Enquiries	(00) 123456789

John Fundmember
21 Healthfund Place
Regulatoryville 9000
Membership #: 123456789

Date of issue: 5/6/2010

Policy						
#	Name	Relationship	Sex	DOB	Joined	End
1	John Fundmember	Self	M	22/05/1950	05/06/1999	05/06/2010
3	Little Johnny Fundmember	Son	M	05/06/2000	05/06/2000	05/06/2010
4	Mary Fundmember	Daughter	F	01/06/1991	05/06/1999	05/06/2010

Lifetime Health Cover					
Person	CAE	Absent Days	Hospital End Date	Qualifying Days	% Loading
John	30	0	05/06/2010	0	0

Rebate – Savings Provision Entitlement (all persons on the membership)					
Person	From	Rate	SPE	Fund	Policy Number
John	01/01/2010	35%	YES	ABC	123456789
Little Johnny			NO		
Mary	01/01/2010	35%	YES	ABC	123456789

Cover History				
From	To	Product Name	Scale	Product Type
10/01/2005	05/06/2010	XYAncillary	Family	Ancillary
10/05/2004	10/01/2005	Z3 Package	Family	Hospital & Ancillary
05/06/2000	10/05/2004	Suspension	Family	
05/06/1999	05/06/2000	A1 Hospital	Family	Hospital

Product Description				
Exclusions/ Restrictions	Co-Payments	Waiting Periods	Excess	Lifetime limits
No	No	No	Yes	No
Product:	XZ Ancillary			
Product description no more than 500 characters				

Claims History – Hospital (last period of hospitalisation)		
Person	From	To
Little Johnny	01/06/2010	5/6/2010

Claims History – Ancillary					
Person	6 months to 30 June		6 months to 31 December		Orthodontic (5yr)
	Modality	Benefit Paid	Modality	Benefit Paid	
John	Optical	\$300	Physiotherapy	\$50	\$2700
	Physiotherapy	\$260			
Mary	Chiropractic	\$40	Chiropractic	\$25	\$1000

(Example of Individual Clearance Certificate)

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Date of issue: 5/6/2010

Policy						
#	Name	Relationship	Sex	DOB	Joined	End
1	John Fundmember	Self	M	22/05/1950	05/06/1999	05/06/2010

Lifetime Health Cover					
Person	CAE	Absent Days	Hospital End Date	Qualifying Days	% Loading
John	30	0	05/06/2005	0	0

Rebate – Savings Provision Entitlement (all persons on the membership)					
Person	From	Rate	SPE	Fund	Policy Number
John	01/01/2010	35%	YES	ABC	123456789

Cover History				
From	To	Product Name	Scale	Product Type
10/01/2005	05/06/2010	XYAncillary	Family	Ancillary
10/05/2004	10/01/2005	Z3 Package	Family	Hospital & Ancillary
05/06/2000	10/05/2004	Suspension	Family	
05/06/1999	05/06/2000	A1 Hospital	Family	Hospital

Product Description				
Exclusions/ Restrictions	Co-Payments	Waiting Periods	Excess	Lifetime limits
No	No	No	Yes	No
Product:	XZ Ancillary			
Product description no more than 500 characters				

Claims History – Hospital (last period of hospitalisation)		
Person	From	To
John	7/1/2010	9/1/2010

Claims History – Ancillary					
Person	6 months to 30 June		6 months to 31 December		Orthodontic (5yr)
	Modality	Benefit Paid	Modality	Benefit Paid	
John	Optical	\$300	Physiotherapy	\$50	\$2700
	Physiotherapy	\$260			

RULES

GENERAL

1. All dates on the form are inclusive i.e. there are no overlapping dates
2. issue of clearance certificates:
 - a. Clearance Certificates must be issued within 14 days of the request,
 - b. Clearance Certificates must be issued to the gaining fund, and/or
 - c. At the members request the certificate is issued to the member,
 - d. interfund transfer requests where the member's authority has been obtained electronically should be acceptable,
 - e. fax copies of interfund transfer requests should be acceptable,
 - f. electronic versions of clearance certificates should be acceptable.

POLICY

1. Display only persons on the policy as at the policy cease date.
2. # = Unique patient identifier or dependant number
3. Name = Full names ie first name, initial and surname to be displayed.
4. Relationship = Contributor, partner, dependants etc
5. Sex = Male or Female
6. DOB = date of birth
7. Joined = date the person joined your fund
8. End = cease date (of the person in the membership)

LIFETIME HEALTH COVER

1. Lifetime Health Cover information should only be displayed for any person over the age of 30
2. CAE = 30 or the age at which the person joined Private Hospital Cover
3. Absent days = "permitted days without hospital cover" (NHA Schedule 2, p238) # of days the person has been un-financial or without hospital cover since they received their CAE. The absent days displayed should only be calculated up to the Hospital End Date NOT the cease date if hospital cover did not = the cease date. NOTE it is the joining funds responsibility to calculate the absent days from the Date of last hospital cover.
4. Hospital End Date = Last day of Hospital Cover
5. Qualifying Days. This field should = zero for most funds as it was the days LEFT that a person must remain financial to obtain their CAE when the legislation was first introduced.

People taking out private hospital cover during the Lifetime Health Cover grace period (ie people who have cover on 1 July 2000, but who did not have cover on 30 June 1999) are required to maintain their membership for a minimum period before they lock in the right to pay the base premium rate.

Because these people have cover 01/07/2000, they will be entitled to pay the base rate premium for as long as they maintain their cover. However, if they drop their cover before 1 July 2001, they will lose the right to pay the base premium rate. If they subsequently rejoin, they will be required to pay a loading of 2% for each year above the age of 30 when they resume their cover. The period of absence rules will not apply until after 1 July 2001 for these people.

- *For members who joined during the grace period and then suspended their membership before 1 July 2001, they were required to maintain their membership (be financial) for 366 days (not including suspension days) after 1 July 2000, before the Certified Entry Age of 30 is locked in for life. This period is known as qualifying days .*
6. % Loading = the additional % being charged due to LHC. Note where a person has a CAE of 30 and absent days = 1295 (> than 1094) then this would be displayed as CAE = 30, absent days = 1295, % loading = 2%. The % loading is only used as a reference it should not be input into the receiving funds system. The receiving funds system should calculate the % from the CAE, absent days and Hospital End Date.

REBATE

The example certificate depicts the following situation;

Mary was on this membership. Mary was aged 66. She left the membership in 01/01/2010, hence she is not part of the certificate information.

1. Only show the current rebate SPE entitlement (if one exists).
2. If no SPE exists display SPE = NO (do not display any other information ie rate fund id policy number, from date)
3. The SPE must be displayed for each person on the clearance certificate.
4. From date = original date the SPE commenced (No TO date required as the certificate only displays it if current).
5. Fund = original fund id (3 character rebate id) where the SPE was inherited from.
6. Policy number = membership number the SPE was inherited from.
7. Rate = SPE entitlement rate applicable.

NOTE: An SPE entitlement will be granted to all persons 18 years or over who are not a fulltime students on the cessation of the entitling member. This means for full membership cancellation where an age rebate of 35% or 40% exists all persons 18 years and over will get an SPE = to YES. The from date will equal the cessation date, the fund will equal your 3 character rebate id and the policy number will equal the membership number.

COVER HISTORY

1. Display cover history for a minimum of 5 years or from join date if member with your fund less than 5 years.
2. From = commencement date of the product
3. To = end date of the product
4. Product name = Full product name
5. Scale = Membership type ie Family, Single etc
6. Product Type = Hospital, Ancillary, Hospital & Ancillary
7. Suspension periods to be included in cover history.

PRODUCT DESCRIPTION

1. A product description of up to 500 characters is to be displayed for all products within the last 12 months.
2. Descriptions to include; Hospital Excess or product co-payments if any. Exclusions, Benefit limitations Excess bonuses, loyalty schemes, strange maximums etc.

CLAIM HISTORY – LAST PERIOD OF HOSPITALISATION

1. Hospitalisation is displayed per person
2. Last period of Hospitalisation only is displayed
3. From date = Admission date
4. To date = discharge date

CLAIMS HISTORY - ANCILLARY

1. Benefits are displayed per person
2. Benefits are only displayed if any have been claimed in the limit year, (except orthodontic which is 5 yr) ie calendar, financial or membership year
3. history is per the date of service, not the date of claim processing
4. From date = limit cycle commencement date
5. To date = cease date.