

Insurance and Membership Application Form

Form applies for period – 1 July 2007 to 30 June 2008



- This Form will be used for the purposes of your application for medical indemnity insurance with Medical Insurance Australia Pty Ltd (Medical Insurance Australia), membership with Medical Defence Association of South Australia Limited (MDASA) and for enrolment in the MIGA Interactive Risk Management Program (if applicable).
- This Form needs to be read in conjunction with MIGA's Combined Financial Services Guide and Product Disclosure Statement 2007/2008 (Combined FSG/PDS) which is distributed with this Form. Terms used in this Form have the same meaning as in the Combined FSG/PDS.
- Please answer ALL questions on the Form. If you require more space, please provide details on a separate page.

1. COMMENCEMENT DATE	/ /
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2. FULL NAME			
	(First name)	(Middle name)	(Last name)

3. DATE OF BIRTH		4. SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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5. QUALIFICATIONS/GRADUATION DETAILS (Graduate diplomas, degrees, qualifications or college accreditations)

Qualifications:	
Year graduated:	
Institution and country where graduated:	

6. MEDICAL BOARD REGISTRATIONS

Year first registered to practise medicine in Australia:							
Medical Board Registrations. Please tick boxes below indicating States in which you are registered.							
SA	NT	NSW	VIC	QLD	WA	ACT	TAS
Are you currently or have you ever been registered to practise medicine outside Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, please specify each country and name of relevant Medical Board/Registration/Licensing Authority.							

7. CONTACT INFORMATION

Principal practice address:			
Business phone:		Business fax:	
Home address:			
Home phone:		Mobile:	
Email:			
Preferred mailing address:	Practice <input type="checkbox"/>	Home <input type="checkbox"/>	

8. COLLEGE MEMBERSHIPS AND FELLOWSHIPS

Are you a Fellow or a financial member of any of the following Colleges? Yes No

If Yes, please tick appropriate College

	Member	Fellow	
ACEM	<input type="checkbox"/>	<input type="checkbox"/>	Australasian College for Emergency Medicine
ACD	<input type="checkbox"/>	<input type="checkbox"/>	Australasian College of Dermatologists
ANZCA	<input type="checkbox"/>	<input type="checkbox"/>	Australian & New Zealand College of Anaesthetists
RANZCR	<input type="checkbox"/>	<input type="checkbox"/>	Royal Australasian & New Zealand College of Radiologists
RACP	<input type="checkbox"/>	<input type="checkbox"/>	Royal Australasian College of Physicians (including Paediatrics)
RACS	<input type="checkbox"/>	<input type="checkbox"/>	Royal Australasian College of Surgeons
RANZCOG	<input type="checkbox"/>	<input type="checkbox"/>	Royal Australian & New Zealand College of Obstetricians and Gynaecologists
RANZCOANZ	<input type="checkbox"/>	<input type="checkbox"/>	Royal Australian & New Zealand College of Ophthalmologists in Australia & New Zealand
RANZCP	<input type="checkbox"/>	<input type="checkbox"/>	Royal Australian & New Zealand College of Psychiatrists
RACGP	<input type="checkbox"/>	<input type="checkbox"/>	Royal Australian College of General Practitioners
RCPA	<input type="checkbox"/>	<input type="checkbox"/>	Royal College of Pathologists of Australasia
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	(Incl overseas Colleges recognised in Australia or New Zealand) – please specify College in full below:

9. CATEGORY

Please tick the Category which best describes the healthcare treatment, advice or service you provide. It is extremely important that you read the relevant Sections of the Combined FSG/PDS before selecting your Category.

SPECIALIST CATEGORIES – Refer Section 4 of the Combined FSG/PDS Guide

Applies to Specialists in private practice and Staff Specialists with private practice outside of a Rights of Private Practice Agreement. The Category is determined by a doctor’s qualifications as registered with the relevant Medical Board and/or the nature of the work they undertake.

- Allergy
- Anaesthesia
- Cardiac/Thoracic Surgery
- Cardiology – *Tick one of the following*
 - Non Interventional
 - Interventional
- Cytology – *Please advise your average number of half day sessions per week: (eg 7) Please also declare your Gross Income at Question 17*
- Dermatology
- Dermatology Cosmetic
- Emergency Medicine
 - Tick one of the following*
 - Up to 1 half day session per week
 - Up to 2 half day sessions per week
 - Up to 4 half day sessions per week
 - More than 4 half day sessions per week
- Endocrine Surgery
- Endocrinology
- Gastroenterology – *Tick one of the following*
 - Non-Procedural
 - Procedural
- General Medicine
- General Surgery
- General Surgery – Cosmetic
- Genetics
- Geriatric Medicine
- Gynaecology
 - Tick if you undertake the following procedures:*
 - Foetal blood sampling
 - Foetal surgery
 - Ultrasounds for the detection of foetal abnormalities
- Haematology
- Hair Transplantation – *Tick one of the following*
 - Follicular Micro-grafting only
 - Follicular Micro-grafting and other procedures
- Immunology
- Infectious Diseases
- Intensive Care – Excluding neonatal
- Maxillo-facial Surgery – Excluding cosmetic
- Neonatal Intensive Care
- Nephrology
- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics
 - Estimated deliveries for forthcoming year: _____
- Occupational Medicine
- Oncology

- Ophthalmology – *Tick one of the following*
 - Non-Procedural, Office Practice Only
 - Procedural excluding cosmetic but including up to 20% laser surgery for refractive error
 - Procedural including cosmetic and laser surgery for refractive error
- Orthopaedic Surgery
- Otolaryngology Head & Neck Surgery – *Tick one of the following:*
 - Excluding cosmetic
 - Including cosmetic
- Paediatric Medicine – Excluding neonatal intensive care
- Paediatric Surgery
- Palliative Care
- Pathology/Laboratory Haematology – *Please advise your average number of half day sessions per week: (eg 7) Please also declare your Gross Income at Question 17*
- Pharmacology
- Plastic/Reconstructive/Cosmetic Surgery
- Psychiatry
- Public Health & Preventative Medicine
- Radiology -- *Tick if applicable*
 - Amniocentesis
 - CVS
 - Ultrasounds for the detection of foetal abnormalities*Please advise your average number of half day sessions per week: (eg 7) Please also declare your Gross Income at Question 17*
- Radiation Oncology
- Radiotherapy
- Rehabilitation Medicine
- Respiratory Medicine
- Rheumatology
- Surgical Specialties – Office Practice Only
- Surgical Assistance Only - **Specialists**
 - Tick one of the following*
 - Up to 2 half days per week
 - 2 to 4 half days per week
 - More than 4 half days per week
 - Please also declare your Gross Income at Question 17*
- Surgical Assistance Only - **Other**
 - Tick one of the following*
 - Up to 2 half days per week
 - 2 to 4 half days per week
 - More than 4 half days per week
 - Please also declare your Gross Income at Question 17*
- Urology
- Vascular Surgery

GENERAL PRACTICE CATEGORIES – Refer Section 5 of the Combined FSG/PDS

If your work is not that of a General Practitioner or you are not working in general practice, you need to select the appropriate Specialist Category applicable to the work you are undertaking.

- GP Non Procedural
- GP Procedural
- GP Obstetrics
Estimated deliveries for forthcoming year: _____
- GP Registrar – Tick one of the following
 - Non Procedural/Procedural
 - Procedural including Obstetrics
- GP Rural (SA only) – Rural as defined by SA Department of Human Services – Tick one of the following:
 - Private Only
 - Public and Private
 - Obstetrics – Private Only
Estimated deliveries for forthcoming year _____
 - Obstetrics – Public and Private
Estimated deliveries for forthcoming year _____
- Plus tick one of the following**
 - Up to 3 half day sessions per week
 - 3 to 6 half day sessions per week
 - More than 6 half day sessions per week
- Current Year of GP Training Program _____
(eg 1st year)

COSMETIC MEDICAL PRACTITIONERS – Refer Section 6 of the Combined FSG/PDS

- Cosmetic Medicine – Tick one of the following:
 - Level A
 - Level B
- Cosmetic Surgery - Tick one of the following:
 - Level C
 - Level D

EMPLOYER INDEMNIFIED CATEGORIES – Refer Section 8 of the Combined FSG/PDS

Staff Specialist - detail specialty _____
Tick one of the following

- Staff Specialist - Medical Board/tribunal/coronial cover only
- Staff Specialist - Automatically includes up to \$5,000 Gross Income pa for private practice
(Excluding private practice in Orthopaedics, Neurosurgery, Cosmetics and Obstetrics)

Staff Specialists requiring cover for private practice above \$5,000 Gross Income per annum or for any private practice in Orthopaedics, Neurosurgery, Cosmetics or Obstetrics will need to tick the appropriate Specialist Category on page 2.

Salaried Medical Officer – Tick one of the following:

- Intern – Advise date you expect to complete your internship (month/year) _____ / _____ / _____
- Salaried Medical Officer - Medical Board/tribunal/coronial cover only
- Salaried Medical Officer - Automatically includes up to \$5,000 Gross Income pa for private practice in GP Non Procedural
- Salaried Medical Officer with private practice in GP Non Procedural - \$5,001 to \$10,000 Gross Income pa
- Salaried Medical Officer with private practice in GP Non Procedural - \$10,001 to \$25,000 Gross Income pa

Detail nature of private practice _____

Other Employer Indemnified

- Employer Indemnified – Private Sector

OTHER CATEGORIES – Refer Section 9 of the Combined FSG/PDS

- Surgical Assistance Only - Other**
 - Up to 2 half days per week
 - 2 to 4 half days per week
 - More than 4 half day sessions per week _____ Please also declare your Gross Income at Question 17

- Employed Salaried Medical Officer at Private Hospital**
 - Up to 1 shift per fortnight
 - Up to 1 shift per week
 - Up to 2 shifts per week
 - More than 2 shifts per week _____ Please also declare your Gross Income at Question 17

- Registrar Undertaking Training as a Specialist in private practice (ie outside of public hospital system)**

Detail Specialty _____

- Medical Reporting and Assessment - Detail Specialty** _____
- Medical Administrator**
- Medical Academic**
- Non-Clinical** – Detail nature of your Non-Clinical work: _____

RETIRED OR NON PRACTISING DOCTORS - Refer Section 10 of the Combined FSG/PDS

- Good Samaritan Acts and Gratuitous Advice Only
- Prescriptions Plus (Nil Gross Income)

Please advise date and reason for ceasing practice: / / _____

Note: If you resume practice at any time please contact us to arrange medical indemnity insurance for future practice.

10. RETROACTIVE INDEMNITY – Refer Section 3 of the Combined FSG/PDS

- (a) Do you require insurance cover for claims that may be made for any incidents that may have occurred in any period prior to your requested commencement date of insurance (Retroactive Indemnity)? Yes No

If Yes, please complete the following:

- (b) Please advise the date from which you require Retroactive Indemnity/...../.....

Note: this will mean that if Retroactive Indemnity is granted you will be covered for claims made during the period of insurance for incidents that occurred after the agreed Retroactive Date, excluding any claims or circumstances of which you were aware at the time of this application.

- (c) Are your area and scope of practice for which you seek Retroactive Indemnity the same as your existing area and scope of practice? Yes No
 (Answer 'No' if, for example, you are now working in Gynaecology only and previously did Obstetrics)

Please provide details in the following table, relative only to the period for which Retroactive Indemnity is required.

Period		Practice details (eg sole practitioner, partnership, employed by hospital, etc)	Area(s) of medical practice (ie general surgery)	Gross Income/Sessions
From	To			

11. PREVIOUS MEDICAL INDEMNITY AND INSURANCE HISTORY

- (a) Do you currently hold or have you previously held medical indemnity protection or medical indemnity insurance either in or outside Australia? Yes No

- (b) If Yes, please provide details as follows, listing each individual medical indemnity organisation or insurer:

Period of insurance/membership		Name of MDO/Insurer	Reason for leaving or cancelling	Basis of indemnity provided ie Claims Incurred or Claims Made
From	To			

- (c) Have you ever had a medical indemnity provider or insurer decline a proposal, impose any terms or conditions not contained in its standard wording, cancel or refuse to renew your medical indemnity protection/insurance? *If Yes, please provide full details:* Yes No

12. PRACTICE IN MORE THAN ONE CATEGORY

- (a) Do you practise in more than one Category? Yes No

- (b) If yes, please list below, identifying the percentage of your work in each Category.

Category	Percentage of your annual Income
Total	100%

13. TREATMENT OF PUBLIC PATIENTS

- (a) Are you required to maintain your own medical indemnity insurance for the treatment of public patients ie where you are **not entitled to an indemnity** from any other source, including but not limited to a State Government or your Employer or where you have an option, which you are exercising, to maintain your own medical indemnity insurance for such work? Yes No
- (b) **If Yes**, please advise the total estimated Income in relation to your treatment of public patients and ensure this Income is included in the declaration of estimated Gross Income in Questions 17 and 25. \$ _____

14. RUN OFF COVER – Refer Section 13 of the Combined FSG/PDS

- Do you intend to retire or cease Private Medical Practice prior to 30 June 2008? Yes No
- If so, please advise date: _____ / _____ / _____
- Private Medical Practice means practice other than treating public patients in public hospitals, practice indemnified by a government or government body or practice outside Australia.**

15. UMP SUPPORT PAYMENT (UMPSP)

- (a) If you are liable for a UMPSP for 2007/2008 would you like it included in your Tax Invoice for 2007/2008? Yes No
- (b) **If Yes**, please advise the amount of your UMPSP liability: \$ _____

16. OVERSEAS DOCTORS

- (a) Are you practising in Australia on a Medical Practitioner Visa 422 or a Temporary Business (Long Stay) – Standard Business Sponsorship Visa 457? Yes No
- (b) **If Yes**: Please provide a copy of your Visa, and advise intended departure date, if known _____ / _____ / _____

17. GROSS INCOME

Please indicate estimated Gross Income (as defined below) for the period 1 July 2007 to 30 June 2008 by ticking the appropriate Income band.

If you are an employee **and you are not indemnified by your employer** for your work and are paid a salary and/or a percentage of your gross billings, you are still required to provide your estimated Gross Income (as defined below).

- | | | |
|--|--|--|
| <input type="checkbox"/> Nil | <input type="checkbox"/> \$250,000 to <\$300,000 | <input type="checkbox"/> \$800,000 to <\$900,000 |
| <input type="checkbox"/> Up to \$10,000 | <input type="checkbox"/> \$300,000 to <\$350,000 | <input type="checkbox"/> \$900,000 to <\$1,000,000 |
| <input type="checkbox"/> \$10,000 to <\$25,000 | <input type="checkbox"/> \$350,000 to <\$400,000 | <input type="checkbox"/> \$1,000,000 to <\$1,200,000 |
| <input type="checkbox"/> \$25,000 to <\$50,000 | <input type="checkbox"/> \$400,000 to <\$450,000 | <input type="checkbox"/> \$1,200,000 to <\$1,400,000 |
| <input type="checkbox"/> \$50,000 to <\$75,000 | <input type="checkbox"/> \$450,000 to <\$500,000 | <input type="checkbox"/> \$1,400,000 to <\$1,600,000 |
| <input type="checkbox"/> \$75,000 to <\$100,000 | <input type="checkbox"/> \$500,000 to <\$600,000 | <input type="checkbox"/> \$1,600,000 to <\$1,800,000 |
| <input type="checkbox"/> \$100,000 to <\$150,000 | <input type="checkbox"/> \$600,000 to <\$700,000 | <input type="checkbox"/> \$1,800,000 to <\$2,000,000 |
| <input type="checkbox"/> \$150,000 to <\$200,000 | <input type="checkbox"/> \$700,000 to <\$800,000 | <input type="checkbox"/> \$2,000,000 or above |
| <input type="checkbox"/> \$200,000 to <\$250,000 | | |

Gross Income means the total of all billings generated by you from all areas of your practice for which you require medical indemnity cover (in your name) or for work for which you are personally liable, including without limitation Medicare benefits, payments by individuals, and payments by the Department of Veterans' Affairs, workers compensation schemes and third party and/or vehicle insurers and income earned for medical practice overseas that is covered by the Policy, whether retained by you or otherwise and before any apportionment or deduction of any expenses and/or tax.

If as part of practice, you derive income from any other sources (ie professional fees, incentive payments, etc) this income must be included in the declaration of Gross Income.

If actual Gross Income in the financial year exceeds level declared to MIGA you must contact MIGA immediately. Note: For the purposes of Question 25(d) Income means Gross Income as per the above definition.

18. STATE OF PRACTICE

Please advise the percentage of annual Gross Income generated from billings in each State as follows:

SA	NT	NSW	VIC	QLD	WA	ACT	TAS	Total
								100%

19. PRACTICE CONTEXT (DOCTORS PRACTISING IN NSW ONLY)

Please advise where you spend 20% or more of your time in the following areas indicating estimated hours spent per week

Area	Estimated hours per week where 20% or more time spent
Public Hospital visiting practitioner appointment	
Private Hospital visiting practitioner appointment	
Community Health Practice	
Private Clinic/Rooms	
Licensed Day Procedure Centre Practice	
SMO (Public Hospital) – rights of private practice	

20. HOURS ENGAGED IN MEDICAL PRACTICE

Please indicate the average number of hours per week you are engaged in medical practice: _____ hours per week

21. COSMETIC WORK

- (a) Do you undertake cosmetic procedures that are not listed under the Category you have selected? Yes No

It is very important you note: Cosmetic procedures in this context means any procedure directed towards the preservation, correction or improvement of appearance and/or where there are no underlying medical, clinical or pathological reasons for undertaking such procedures.

If Yes, please list all procedures undertaken and an **estimate of the Gross Income** derived from each procedure (attach a separate page if insufficient room)

- (b) Do you undertake liposuction procedures of greater than 500mls of aspirate in total? Yes No

If Yes, are these procedures performed in an accredited day surgery or operating theatre? Yes No

22. YOUR EMPLOYEES

- (a) Do you employ registered medical practitioners, midwives working independently of you, Nurse Practitioners working independently of you or other persons working independently of you who provide health care treatment, advice or service charged for and billed in their own name? Yes No

Note – If Yes, separate insurance must be effected for each of the above. Medical Insurance Australia can assist with insurance for employed registered medical practitioners. A separate Application Form will be required.

- (b) Please advise the number of full time (or full time equivalent) staff employed by you or your service/administration company (excluding registered medical practitioners or other persons referred to in (a)) in the following classifications:

Category of employee	Total number of full time equivalent employed
Technicians	
Nurses	
Clerical/administrative	
Other allied health professionals (not doctors)	
Total	

- (c) If you employ allied health professionals, please detail the category of allied health professionals employed:

23. EXTENSIONS TO COVER – Refer Section 2 of the Combined FSG/PDS

(a) Trainee doctors and registrars as Insureds

Do you employ trainee doctors and/or registrars who you require to be noted as insured parties under your Policy? *If Yes, we will contact you for further details.*

Yes No

(b) Innocent partner cover

Are you practising in partnership with other medical practitioners **who are not insured by Medical Insurance Australia?**

Yes No

If Yes, you may not be fully protected for your vicarious liability for employees or for joint and several liabilities assumed under such arrangements.

Do you want a quotation for Innocent partner cover?
If Yes, we will contact you for further details.

Yes No

(c) Practice outside the Commonwealth of Australia (>90 continuous days or 120 days in total)

Do you require insurance for medical practice outside of Australia where such practice is for a continuous period of more than 90 days or 120 days in total?

Yes No

If Yes, please contact us at least 3 weeks prior to your departure to discuss your insurance arrangements.

24. INTERACTIVE RISK MANAGEMENT PROGRAM - Refer to IRM Program Booklet

Would you like to enrol in MIGA's Interactive Risk Management (IRM) Program for 2007/2008?

Yes No

If Yes, your participation in the IRM Program is subject to the terms and conditions detailed in the IRM Program Booklet, including the following:

- You are only entitled to a premium discount in the 2008/2009 year if you:
 - qualify for the required points during 2007/2008, as outlined in the IRM Program Booklet, and
 - enrol in the IRM Program again for the 2008/2009 year, and
 - maintain medical indemnity insurance with Medical Insurance Australia for the 2008/2009 year
- Any discount will only apply to the base Medical Insurance Australia insurance premium for the 2008/2009 year and not to other charges such as the membership fee, GST, UMP Support Payment, Stamp Duty, etc.
- Points earned in 2007/2008 cannot be carried over to the next year
- If you:
 - cancel or fail to renew your insurance in the following year, no discount will apply
 - change to a part-time status or amend your Category to a lower indemnity level, the level of discount in the 2008/2009 year will be applied to the new (lower) premium
 - enrol in the IRM Program for the 2007/2008 year your enrolment will only be valid if you are a financial member of MDASA as at 1 July 2007 (or a later date for members who join after June 2007) and if you insure with Medical Insurance Australia for the 2007/2008 year.
- The qualifying period for completion of activities in the IRM Program for the 2007/2008 year ceases on 31 March 2008. All risk management activities **must** be completed during this period to earn points.

25. PREMIUM SUPPORT SCHEME (PSS) – Refer Section 19 of the Combined FSG/PDS

Details are included in the Combined FSG/PDS distributed with this Form and via the Australian Government’s website www.health.gov.au. If you elect to participate in the PSS you must enrol in the IRM Program, see Question 24.

(a) Do you want to elect to participate in the Commonwealth PSS? Yes No

If No, read the Important Notices below then go to Section 26

(b) Did you apply for and receive a premium contribution under the Medical Indemnity Subsidy Scheme (MISS) prior to 1 July 2004? Yes No

MISS may have applied to the following:

• Obstetricians	• Neurosurgeons
• General Practice Proceduralists (inc GP Obstetrics)	• General Practice Registrars (undertaking procedural training)

(c) Is your medical practice primarily based on public billings? Yes No

(d) What is your estimated Income for the period 1 July 2007 to 30 June 2008? \$ _____
Refer to page 5 for Income definition (whole \$ amount not income band)

(e) Do you solely provide non-therapeutic services, ie services that are not listed in the General Medical Services table under the *Health Insurance Act 1973*? Yes No

(f) i) Will you be paying premium to **another insurer** in the 2007/2008 year for run-off or retroactive cover? Yes No

ii) **If Yes**, please advise total premium (excluding GST and Stamp Duty) \$ _____

(g) Do you provide medical services in Rural Areas? Yes No

Rural Area means an area in Level 3 to 7 of the Rural Remote and Metropolitan Areas (RRMA) Classification. If you have any queries in relation to RRMA Classifications, please contact the Dept of Health and Ageing on 1800 007 757.

(h) Do you expect to practise outside Australia for a total of 6 months or more, within the premium period irrespective of whether you require insurance for such work or not? (Refer Section 19 of Combined FSG/PDS for further information) Yes No

(i) Please record your primary Medicare Provider No:
 (Please ensure you insert your complete 8 digit provider number, including any zeroes)

(j) Have you read the Important Notices below in relation to the PSS? Yes No

IMPORTANT NOTICES IN RELATION TO THE PREMIUM SUPPORT SCHEME (PSS)

If at any time you elect to participate in the PSS for the premium period:

- you consent to MIGA receiving payments of PSS benefits on your behalf
- you must provide MIGA with a statutory declaration as to your actual Income (as defined) no later than 12 months after the end of the policy period
- If you elect to participate in the PSS, receipt of a PSS benefit is subject to you enrolling in and complying with MIGA’s IRM Program. This is a Federal Government requirement.
 MIGA has determined that enrolment in the IRM Program and completion of activities in categories 1, 2 and/or 3 equivalent to at least 4 IRM Points will be satisfactory for the purpose of meeting this requirement and receiving a PSS benefit. For details of category 1, 2 and 3 activities please refer to the IRM Program 2007/2008 Booklet. **If you are retired for the duration of the premium period you do not need to enrol in the IRM Program.**
 If you receive a PSS benefit for the 2007/2008 policy period and you do not comply with these requirements, you must repay any PSS benefit received. In the event you do not repay a PSS benefit as and when it falls due, you will not be eligible to participate in the PSS and it may affect your entitlement to insurance from MIGA, both now and in the future
- you must notify MIGA in writing immediately if your circumstances change during the policy period or if you become aware that the information on which your estimated Income (as defined) was calculated is incorrect
- by providing information on estimated Income and actual Income you consent to the personal information contained in this Form being used for the purposes of information sharing and audits under the PSS
- your eligibility may be terminated for any non-payment of a UMP Support Payment or Run-Off Cover Scheme payment that you are liable to pay
- overpayment of a PSS benefit (for any reason) will result in you having a liability to pay to MIGA an amount for any underpaid premium (or other costs of obtaining medical indemnity cover) that result from MIGA returning the amount of the overpayment to Medicare Australia
- where information you provide to MIGA is inaccurate or changes and requires an adjustment to your entitlement to a PSS payment of less than \$100.00, you consent to MIGA not processing such an adjustment.

27. DECLARATION AND PRIVACY CONSENT

I declare the information (including personal information) provided by me in this Application Form and all other information I provide in connection with my Application for insurance and membership is true and correct and I understand, acknowledge and accept that:

- this Application Form is not an offer of insurance – the information in this Form will be used by MDASA and Medical Insurance Australia to determine the terms and conditions, including premium, on which they may offer to accept my membership and insurance;
- if enrolled, I agree to comply with the requirements of the Interactive Risk Management Program for 2007/2008, the terms and conditions of which are detailed in the IRM Program Booklet;
- MDASA and Medical Insurance Australia may provide my personal information to each other, to their related bodies corporate and to third parties including, but not limited to, insurance agents and brokers, insurers, reinsurers, lawyers, actuaries, auditors and medical boards in Australia and overseas – they may also provide information about the currency of my medical indemnity insurance to any health care provider from which I seek admitting rights or to which I apply for work;
- MDASA and Medical Insurance Australia are required under the terms of the *Medical Indemnity Act 2002* to provide to Medicare Australia upon request any information that I provide, including the information in this Application Form, that may be relevant to determining an entitlement to an indemnity or subsidy scheme payment under that legislation;
- in most circumstances I can access the information which MDASA or Medical Insurance Australia hold about me and I understand that sometimes there will be a reason why that access is not possible, in which case I will be told why;
- to be entitled and remain entitled to membership of MDASA and insurance from Medical Insurance Australia, I must:
 - comply at all times with the terms and conditions of membership of MDASA, as set out in its Constitution;
 - pay all membership fees and insurance premiums as and when they fall due; and
 - immediately advise Medical Insurance Australia if my actual Gross Income/Sessions exceeds the estimate declared and immediately pay any additional premium owed to Medical Insurance Australia;
- if I fail to pay any insurance premiums (including any PSS benefit for which I am not eligible) this may affect my past and future insurance entitlements and it may lead to cancellation of the Policy;
- if I refuse to provide information required by MDASA or Medical Insurance Australia, or fail to provide accurate information, or refuse the use or disclosure of information, or refuse to pay any amount owing to MDASA or Medical Insurance Australia, this may compromise my entitlement to services from MDASA and my entitlement to cover under current or future insurance contracts issued by Medical Insurance Australia;
- I will notify Medical Insurance Australia of any claims, occurrences or events, the circumstances of which have or are capable of giving rise to a claim, as soon as I become aware of them and prior to expiry of my current year's insurance;
- **I have read and understood the duty of disclosure and claims made policy notices on page 11 of this Form.**

Signature: _____

Date: _____

28. AUTHORITY TO OBTAIN INFORMATION

Full name of doctor _____

I hereby authorise my prior and/or current medical indemnity providers/insurers to release to MIGA any information they may require as to my claim/circumstance history and any Medical Board or like matters, including but not limited to details of:

- Name(s) of claimant(s)
- Incident date
- Report date
- Allegations against me
- Sums paid
- Sums outstanding
- Whether matter is closed or current.

Signature: _____

Date: _____

(a) Your duty to disclose

Before you enter into a contract of general insurance with an insurer you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that the insurer knows or, in the ordinary course of business as an insurer, ought to know
- as to which compliance with your duty is waived by the insurer.

(b) Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

(c) Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. Claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

30. CLAIMS MADE POLICY

This Form is for a 'claims made' policy of insurance. This means that the policy will cover you for claims made against you and notified to the insurer during the period of cover. The policy will not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy, if such a date is specified – see below;
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the application form or renewal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

Important Information - Financial Services Notice

- Medical Insurance Australia Pty Ltd is licensed as an Australian Financial Services Licensee pursuant to section 913B of the *Corporations Act 2001*. Medical Insurance Australia Pty Ltd's financial services licence number is 255906.
- Medical Insurance Australia Pty Ltd is licensed to advise and deal in its own medical indemnity general insurance products.
- Medical Insurance Australia Pty Ltd is a wholly-owned subsidiary of MDASA and MDASA is an authorised representative (rep. number 269222) of Medical Insurance Australia Pty Ltd under Medical Insurance Australia Pty Ltd's licence. MDASA is authorised to provide these services under a binder arrangement, which means that it acts on behalf of Medical Insurance Australia Pty Ltd as the agent of Medical Insurance Australia Pty Ltd. In providing these services neither MDASA nor Medical Insurance Australia Pty Ltd act on your behalf.
- MDASA receives a management fee from Medical Insurance Australia Pty Ltd to act on behalf of Medical Insurance Australia Pty Ltd in giving financial product advice and issuing products. The management fee is 93% of expenses incurred by MDASA in the areas of employee expense, property rental and fixed asset depreciation.