OSHC REFUND & CANCELLATION FORM

OSHC			
	policy number:	Policy expiry date:	
ontact phone number:		Email address:	
2 R	efund reasons and evi	idence required	
V	Reason for refund	Examples of evidence re	auired
<u> </u>	You paid for cover but did not come to Australia Your student visa was not extended, was cancelled or a renewal/ extension was refused	Letter from Department of Immi Letter from Institution confirming	gration indicating decline of student visa; or g you will no longer be coming to Australia to study gration indicating non renewal, extension or
	You need to leave Australia before the end of your studies and approved period of stay	Certificate of completion from Ir	nstitution; and poarding pass or exit stamp and identification page
	You have been granted permanent residence in Australia		isa label from your passport or immigration permanent residency will commence.
	You are not living in Australia for 3 months or more.		ry for 3 or more months you'll have to show us your destination. You won't be able to claim for suspended.
	You can provide proof of OSHC with another organisation		om another OSHC provider (showing: es, listed beneficiaries and type of policy)
	In the event of student's death	Copy of death certificate	
	Change to the scale of policy i.e. changing	 Letter from the Department of Immigration from a family policy to a single policy indicating family member(s) leaving Australia Flight departure details 	
	You have been granted a new visa type	Letter from the Department of Ir visa type	mmigration confirming i.e. working/visitor visa new
	Change to policy start date	Letter from the Department of Immigration confirming new visa start date Letter from Institute confirming course start date	
Your po	olicy will be cancelled from the follow	ving date:	
Please indicate the date: You will be departing Australia You were granted your new visa; or You commenced cover with another OSHC provider		D D /	MM/YYYY
3 P	ayment options		
Cre	dit Card		
you pur	chased your policy by credit card directly		ur refund will be credited to the credit card used to ed to contact the owner to organise reimbursemen
	it Card Authority (automatic debit fro		<u> </u>
Card ty	/pe ▶ Mastercard Visa Amer	ican Express	
	rd holder (as shown on card)	Expiry date	

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Cont.

Payment options cont.

Deposit into local bank account

Bank / Financial institution name:					
Account holder's name:					
Account number: (maximum of 9 digits)	BSB: (6 digits)				
Need help completing this form? Call the nib Customer Care Centre on 1800 775 204 or email niboshc@nib.com.au					
Declaration					
I acknowledge that upon requesting cancellation or refund of my OS forwarded to the Department of Immigration and Citizenship (DIAC).					
Customer's signature					

General processing of refunds:

We will endeavour to process all refunds within 10 working days of receiving a completed refund request form

- · We may contact you to clarify any details or request further information in order to process your refund
- Refunds are calculated on a daily basis from the date joined and the date the policy is cancelled, with a minimum refund of one month
- There is no minimum cover period payable if cover is cancelled prior to arrival in Australia

Privacy: The information that you provide is collected for the purpose of arranging a refund of your nib OSHC premium. The information will be disclosed to educational providers, the underwriter, government departments responsible for OSHC, medical practitioners, hospitals and other medical and assistance providers. If you would like to gain access to your personal information please contact nib.

Please send completed Refund Forms to: (no stamp required)

nib Premium Processing, Reply Paid 62208, Locked Bag 2010, Newcastle NSW 2300 p: 1800 775 204 or +61 2 4914 1146 e: niboshc@nib.com.au



Date