

Agreement between Health Service Welfare Society Ltd. (trading as Accuro Health Insurance) and

(company name, legal entity)

## 1 Company contact details

Postal address	Street/PO Box	
	Town/city	Postcode
Physical address (if different)	Street	
	Town/city	Postcode
Telephone	Business ( )	Mobile ( )
Email		
Website (if available)		

### Decision maker details

Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other (please specify):	
First name(s)		
Surname		
Telephone	Business ( )	Mobile ( )
Email		

### Administration details

Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other (please specify):	
First name(s)		
Surname		
Telephone	Business ( )	Mobile ( )
Email		
Agent/Broker name		
Broker number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## 2 Group details

Group name		
Number of employees		Start date DAY / MONTH / YEAR
Billing type	<input type="radio"/> Monthly in advance using invoice <input type="radio"/> Monthly in advance using direct debit – complete the attached group payment method form Date of first direct debit deduction DAY / MONTH / YEAR	

### 3 Subsidy arrangement

Eligibility	<input type="radio"/> All staff <input type="radio"/> All full-time staff <input type="radio"/> All part-time staff <input type="radio"/> Contractors <input type="radio"/> Management			
	<input type="radio"/> Other (please specify): _____			
Tenure	<input type="radio"/> Immediately on employment <input type="radio"/> After 90 days <input type="radio"/> Other (please specify): _____			
Subsidised members	<input type="radio"/> Employee only <input type="radio"/> Employee and spouse/partner <input type="radio"/> Whole family			
	If whole family, remove dependent children on policy anniversary after they turn 25? <input type="radio"/> Yes <input type="radio"/> No			
Select a subsidised base plan (Select one option only)	<input type="radio"/> StaffCare	<input type="radio"/> StaffCare+	<input type="radio"/> StaffStay	
Select any subsidised add-on plans	<input type="radio"/> Specialist  <input type="radio"/> GP	<input type="radio"/> Specialist  <input type="radio"/> GP  <input type="radio"/> Natural Health  <input type="radio"/> Dental and Optical	<input type="radio"/> Specialist  <input type="radio"/> GP	<input type="radio"/> Day to Day
Select an excess for the subsidised base plan (Select one option only)	<input type="radio"/> \$0 <input type="radio"/> \$250 <input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$2,000 <input type="radio"/> \$4,000 <input type="radio"/> \$6,000 <input type="radio"/> \$8,000 <input type="radio"/> \$10,000			
Select an excess for the Specialist plan only	<input type="radio"/> \$0 <input type="radio"/> \$250			

#### Financial strength rating

Accuro has achieved a **B+** (Stable) AM Best financial strength rating.

The rating scale is: **A++**, **A+** (Superior), **A**, **A-** (Excellent), **B++**, **B+** (Good), **B**, **B-** (Fair), **C++**, **C+** (Marginal), **C**, **C-** (Weak), **D** (Poor), **E** (Under Regulatory Supervision), **F** (In Liquidation), **S** (Suspended).

For more rating information, see [www.ambest.com/ratings/guide.pdf](http://www.ambest.com/ratings/guide.pdf)

### 4 Declaration (Please read carefully before signing)

On behalf of \_\_\_\_\_  
(name of company)

I confirm its agreement to the terms in this document in respect to the Accuro Health Insurance group scheme in accordance with the proposal and further agree to the following in respect to the scheme:

- » To Accuro being its sole health insurer.
- » It offering a 'use it or lose it' subsidy to the specified eligible employees via a one-time offer to each such employee.
- » To inform Accuro within 30 working days of any new employees becoming eligible for the subsidy.
- » To inform Accuro of any members leaving its employment (so they can consider options if they want to keep health insurance).
- » To ensure that it has the necessary authorisations from eligible employees about the collection, use and disclosure of their personal information to and by Accuro in respect to the administration of the scheme in accordance with the Privacy Act 1993 and any relevant code.
- » To ensure that premiums are paid to Accuro by the agreed due date to ensure continuity of membership and eligibility for benefits. Claims payments will be withheld when premium payments are in arrears.

» To tell Accuro of any change to the subsidy arrangement (for example, if it stops offering the agreed subsidy to new employees).

» That Accuro is entitled to change premium rates, benefits, products, policy conditions and concessions and so on by giving 30 days' notice to the company (and the members where applicable).

» That the anniversary of the group is 12 months from the start date and annually thereafter.

This agreement begins on the start date and continues in force until terminated by either party giving no less than one month's written notice, such notice to expire at the end of the current billing period.

Authorised representative name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date signed **DAY / MONTH / YEAR**

Accuro office use only

# Group acceptance payment method form

Company name

## Direct debit authority

Payment method  Direct Debit

Recurring payment frequency  Monthly

Name of account

Account number

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### To the manager:

Bank name

I/We authorise you until further notice in writing to debit my/our account with you all amounts that Health Service Welfare Society Ltd. (trading as Accuro Health Insurance and hereinafter referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by direct debit.

I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the reverse of this form.

### The following information will appear on your bank statement:

**Payer particulars:** Accuro Health Insur

**Payer code:** Health cover HSWS

**Payer reference:** Your member number

### AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)  
Authorisation Code

0 3 3 0 2 8 8

(User number)

Authorised signatures

Date DAY / MONTH / YEAR

### For bank use only

Approved		Date received	Recorded by	Checked by	Bank stamp	<b>Original</b> Retain at branch
3028						
09	2018					
						<b>Copy</b> Forward to Initiator if requested

## Conditions of this authority to accept direct debit

### 1) The Initiator:

a) Undertakes to give notice of the commencement date, frequency and net amount at least 10 calendar days before the first Direct Debit is drawn (but not more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where I/we have provided prior written consent (including by electronic means including SMS) to communicate electronically).

Where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amount, the Initiator undertakes to provide the Customer with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of the Direct Debit, the Initiator has agreed to give advance notice of at least 30 days before the change comes into effect. This notice must be provided in writing (including by electronic means and SMS where I/we have provided prior written consent (including by electronic means including SMS) to communicate electronically).

b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

c) May, upon receiving written notice (dated after the date of this Authority) from a bank to which I/we have transferred my/our account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.

### 2) The Customer may:

a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by the means agreed by me/us, the Bank and the Initiator.

b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal of alteration of Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

### 3) The Customer acknowledges that:

a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.

b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.

d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:

» The accuracy of information about Direct Debits on Bank statements; and

» Any variations between notices given by the Initiator and the amounts of Direct Debit.

e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a), nor for the non-receipt, or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

### 4) The Bank may:

a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.

b) At any time terminate this Authority as to future payments by notice in writing to me/us.

c) Charge its current fees for this service in force from time-to-time