

Group information form

Agreement between Accuro Health Insurance 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"/>	

2 Group details

Group name		
Number of employees		Start date DAY / MONTH / YEAR
Billing type	<input checked="" type="checkbox"/> 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			
Select an excess for the Specialist plan only	<input type="radio"/> \$0 <input type="radio"/> \$250			

Financial strength rating

Accuro has achieved a **B (Fair)** 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

4 Declaration (Please read carefully before signing)

On behalf of _____
(name of company)

I confirm its agreement to the terms in this document, and subject to the terms of the Group Contract and Proposal, in respect to the Accuro Health Insurance group scheme 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 2020 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 30 days 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