

Personal Health Insurance Review

To request a free personal health insurance review and receive a no obligation recommendation, simply complete and return this form. Once submitted, a trained and experienced Health Link consultant will review the details you provide, identify the most appropriate option for your needs and forward a personal recommendation for your consideration.

Surname: Given Name:

Birthdate: / / Partner's Birthdate: / /

Contact Phone:

Email Address:

Address:

..... Postcode:

Association:

How would you prefer to receive your health cover recommendation? post / email

Tell us about your current health insurance

Name of current health fund: Level of cover:

Current premium: Do you have a Lifetime Health Cover Loading? yes / no

Frequency: weekly / fortnightly / monthly / quarterly / yearly

Tell us what type of cover are you interested in? single / couple / family / single parent

Hospital cover required? yes no (Tick required)

- | | |
|---|---|
| <input type="checkbox"/> Maternity related obstetrics | <input type="checkbox"/> Eye Surgery (e.g. Cataract) |
| <input type="checkbox"/> Assisted Reproductive Services | <input type="checkbox"/> Psychiatric Services |
| <input type="checkbox"/> Joint Reconstruction (i.e. Knee) | <input type="checkbox"/> Dialysis for Chronic Renal Failure |
| <input type="checkbox"/> Joint Replacement (i.e. Hip) | <input type="checkbox"/> Cardiac Services / Coronary Care |

Extras cover required? yes no (Tick required)

- | | |
|---|--|
| <input type="checkbox"/> General Dental | <input type="checkbox"/> Chiropractic/Osteopathy |
| <input type="checkbox"/> Major Dental | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Orthodontic | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Optical | <input type="checkbox"/> Naturopathy |
| <input type="checkbox"/> Podiatry | <input type="checkbox"/> Other: |
| | |

Do you currently have ambulance cover through the Ambulance Subscription Scheme? yes / no

