

Please complete and sign this form, attaching any required evidence and return to [refund@buyoshc.com.au](mailto:refund@buyoshc.com.au)  
 If you require assistance with this form, please call +61 2 8052 3666 or email [refund@buyoshc.com.au](mailto:refund@buyoshc.com.au)

## SECTION 1: PERSONAL AND POLICY DETAILS

BuyOSCH Invoice Number <input type="text"/>	Date of Birth <input type="text"/>	Title <input type="text"/>	Surname <input type="text"/>
OSCH Policy Number <input type="text"/>	Given Name/s <input type="text"/>		
Please select your Insurance Provider AHM <input type="checkbox"/> MEDIBANK <input type="checkbox"/> NIB <input type="checkbox"/> ALLIANZ <input type="checkbox"/>		Contact Number <input type="text"/>	Email <input type="text"/>

## SECTION 2: REASON FOR REFUND

Please indicate the reason for this refund below, and then go to the relevant evidence criteria in Section 3.

<input type="checkbox"/>	You paid for OSHC but are not coming to Australia	go to <b>A</b>
<input type="checkbox"/>	You have been studying in Australia and your student visa was not extended, was cancelled or a renewal/extension was refused	go to <b>B</b>
<input type="checkbox"/>	You are no longer on a student visa	go to <b>B</b>
<input type="checkbox"/>	You have been granted permanent residence in Australia	go to <b>C</b>
<input type="checkbox"/>	You need to leave Australia before the end of your studies and approved period of	go to <b>D</b>
<input type="checkbox"/>	Your visa start or end dates have changed	go to <b>D</b>
<input type="checkbox"/>	You are not living in Australia for three months or more	go to <b>E</b>
<input type="checkbox"/>	You have taken out OSHC with another health fund	go to <b>F</b>
<input type="checkbox"/>	You want to downgrade the policy (eg. family to single)	go to <b>G</b>

## SECTION 3: REQUIRED EVIDENCE

<b>A</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Letter from the Department of Immigration confirming the visa withdrawal or refusal OR</li> <li>A notice from your institution confirming the withdrawal request</li> </ul>
<b>B</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Letter from the Department of Immigration confirming the new, amended or cancelled visa details</li> </ul>
<b>C</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Letter from the Department of Immigration confirming the new visa details OR</li> <li>A Medicare eligibility letter with date of permanent residency</li> </ul>
<b>D</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Letter from the Department of Immigration confirming the new, amended or cancelled visa details OR</li> <li>A notice from your institution confirming the new, amended or cancelled details AND</li> <li>Confirmation of flight departure details (eg. ticket or boarding pass)</li> </ul>
<b>E</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Confirmation of flight details for departure from AND return to Australia (eg. ticket or boarding pass)</li> </ul>
<b>F</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Confirmation of OSHC Health Cover Certificate from another OSHC provider</li> </ul>
<b>G</b> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Letter from the Department of Immigration confirming the change to visa AND</li> <li>Confirmation of flight departure details for your family (eg. ticket or boarding pass)</li> </ul>

## SECTION 4: REFUND DETAILS

Please complete this page with your refund details. We will endeavour to process all refunds within 30 working days of receiving a completed refund request form.

- We may contact you to clarify any details or request further information in the process of your refund
- There is no minimum cover period payable if cover is cancelled prior to arrival in Australia.

### Bank Account

Your refund will be made into the account through which you made your OSHC payment. If such account is no longer valid/active you would have to receive your refund through an Australian or Overseas bank account. Kindly contact the owner of the account for reimbursement.

#### Deposit into Australian Bank Account

Bank/Financial institution name

BSB number

 – 

Account Name

Account Number

#### Deposit into an International Bank Account

Swift/BIC code (8 or 11 characters)

Account number or IBAN

Account holder's name

Account holder's street address including City/State/Prov/Zip Code (no PO Boxes)

Bank/Financial institution name

Bank/Financial institution country

Bank/Financial institution street address including City/State/Prov/Zip Code (no PO Boxes)

Passport number

PAN number (India only)

## SECTION 5: AUTHORISATION & DECLARATION

- I hereby confirmed that the refund of my OSHC should be paid into the account selected above.
- I have indicated my reason for refund in Section 2
- I have attached the relevant evidence requested in Section 3
- I have provided my refund details in Section 4
- I have provided correct and valid details in all correspondence.

**NB: Please be informed that payment made into an account other than an Australian account attracts a bank charge of \$22.00**

Signature

Date