

The Premium Support Scheme 2024 Request Form



It is important that you fully understand the terms and conditions of the scheme before completing this form.
You have until 31 December 2025 to submit a request to participate in the Premium Support Scheme (PSS) for 2024.

1. Your personal details	
Member ID	
Full name	
Address	
2. Medicare details	
Is your name shown above exactly as it appears on Medicare's records? If NO , how is it recorded by Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your Medicare provider number? This number appears on your Medicare accounts and receipts, or can be obtained from Medicare Australia on 132 150. If you have more than one provider number, please give ONE only here.	
3. Rural area practice	
Are you a procedural general practitioner practising in an area classified as a Modified Monash Model (MMM) 3-7 by the Department of Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As of 30 June 2020 were you a procedural general practitioner receiving a PSS subsidy as you were practising in an area classified as Rural Remote Metropolitan (RRMA 3-7) and you will continue to practise in the same area for the term of this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to one or both of the above, do you perform any cosmetic procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , please state your private billings for cosmetic procedures.	
If you need further information about MMM classifications or your cosmetic work, please contact our Member Services team on 1800 128 268.	
4. Public sector practice	
Do you practice in the public sector, with indemnity provided by a public sector organisation? Please do NOT include your billings from public work in your estimated income at question 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Your estimated private billings	
What do you estimate your private billings will be from your provision of private medical services for the policy period 1 January 2024 to 31 December 2024 Please give a dollar amount, not a range or band limit.	
6. Medical indemnity insurance with other insurers	
Will you hold insurance with any other insurer or medical defence organisation during the period 1 January 2024 to 31 December 2024? If NO , go to question 7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you pay that insurer a premium for run-off cover within the period 1 January 2024 to 31 December 2024? If NO , go to question 7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give details	
Insurer name	
Annual premium	(excluding GST and stamp duty)

Please turn overleaf

7. Overpaid Premium Support Scheme subsidy owed to other insurers

Have you been overpaid a Premium Support Scheme subsidy in a previous premium period and not yet repaid the insurer? Yes No

8. Working overseas

Are you going to practice as a doctor outside Australia for a total of six months or more (including holiday and sick leave) during the 2024 premium period? Yes No

9. Declaration

Your signature below is your confirmation of each of the following: I wish to participate in the Premium Support Scheme for 2024, and I understand and agree to the terms and conditions of the scheme set out in the Premium Support Scheme Terms and Conditions effective 1 July 2020 booklet.

I am aware and understand that if I do not continue to meet my obligations under the scheme I will cease to be eligible for any subsidy granted to me under the scheme.

I declare that the information I have given on this form is true and correct.

Print name			
Signature		Date	

Please return this form to **Avant Insurance Limited PO BOX 746 Queen Victoria Building NSW 1230**, or email memberservices@avant.org.au or contact us on **1800 128 268**.

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