

Medical Practitioner Professional Indemnity Insurance

Application Form and PSS Agreement



This application includes the information we require to apply for a Premium Support Scheme subsidy on your behalf and the terms of your agreement with Tego and Berkshire Hathaway Specialty Insurance Company (BHSIC) for any advance payment of the subsidy. You will need to complete this form on an annual basis to opt into participation in the scheme. The subsidy can be received as an advanced subsidiary applied to reduce your premium payable to us; or you can opt in once your Gross Indemnity Costs and private practice income are known after the Premium Year is completed or within 12 months of the end of the Premium Year.

Please note in the case of an advanced subsidy we will require an update during the year if your situation changes, and in all cases within two months of the end of a policy period you will need to submit a signed declaration of your actual private practice income. Failure to provide this information will mean you cease to be eligible, and will be required to repay any PSS subsidy already advanced, if applicable. Failure to repay any overpaid PSS subsidy will also mean you cease to be eligible, and you will be required to repay the full PSS subsidy. All fields with an asterisk (*) must be completed.

1. PERSONAL DETAILS

Title * Given Names *

Last Name *

Date of Birth *

 /

Mobile *

Telephone

Email *

2. PRACTICE DETAILS

2.1 AHPRA registration number *

2.2 Medicare Provider number *

2.3 What is your estimated gross private billings* for the next twelve months (in \$)?

WHAT TO INCLUDE

Do NOT record a Gross Billings band. A dollar amount is required for all healthcare billings for which you require insurance cover. Gross Annual Billings are the total billings generated by you from all areas of your practice for which you require indemnity from us within the financial year, whether the funds are retained by you or not, and before any apportionment or deduction of expenses and/or tax. This includes work performed in your name or work for which you are personally liable, including but not limited to:

- Medicare benefits
- payments by individuals
- payments by the Commonwealth Department of Veterans' Affairs, workers' compensation schemes and third party and/or vehicle insurers
- income received from other healthcare services provided by you such as professional fees, writing articles, incentive payments and overseas work for which we have agreed to extend indemnity under the policy.

WHAT NOT TO INCLUDE

You do not need to include any billings or income from healthcare services that you provide for which you have access to indemnity from the public hospital's indemnity scheme or your employer.

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2.4 For the Premium Year, will you pay any medical indemnity insurance premiums or membership subscriptions or any other costs including run-off premiums to any other medical indemnity insurer, in addition to what you pay to us?

Yes

No

If YES, please provide the total premium (excluding GST and Stamp Duty*)

 \$

2.5 During the Premium Year will you be practising overseas for a period of more than six months? Yes No

If yes, please provide further details: *

2.6 Have you been overpaid a PSS payment in a previous Premium Year and not repaid the insurer? Yes No

If YES, please provide the total amount. This includes any outstanding PSS debt that you are required to pay back to us or any other insurer.

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3. ADDITIONAL QUESTIONS FOR PROCEDURAL GENERAL PRACTITIONERS ONLY

3.1 Please provide the address of your rural practice/hospital if you will be undertaking most of your procedural practice in a rural area (MMM 3-7) during the Premium Year.

Address Line 1 *

Address Line 2 *

City *

State *

Post Code *

3.2 Did you receive a subsidy prior to this policy period because you were practising in a rural area under the Rural Remote and Metropolitan Area (**RRMA**) code? Yes No

If YES, are you continuing to practice in the same location for the next policy period? Yes No

3.3 Will the procedural practice carry out any Non Therapeutic Cosmetic Procedures*?

**Non Therapeutic Cosmetic Procedure means a procedure that is cosmetic in nature and is NOT a professional service described in the General Medical Services table under the Health Insurance Act 1973 (Cth) and is not a health service specified in a determination under section 3C(1) of that Act (i.e. procedure not claimable under Medicare or a health service specified under subsection 3C (1) of that Act).*

Yes No

If YES, please provide the proportion of your Private Practice Income in the Premium Year relating to the Non Therapeutic Cosmetic Procedures.

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TEGO PRIVACY NOTICE

We collect Personal Information (as defined by the Privacy Act 1988) to provide, offer and administer our various products and services, or otherwise as permitted by law. Such purposes include responding to your enquiries, providing you with assistance, maintaining and administering our products and services (for example processing requests for quotes, applications for insurance, underwriting and pricing policies, issuing you with a policy, managing claims, processing payments); processing your survey or questionnaire responses; market research and the collection of general statistical information using common internet technologies such as cookies; providing you with marketing information regarding other products and services (of ours or a third party); quality assurance and training purposes; performing administrative operations (including accounting and risk management) and any other purpose identified at the time of collecting your information.

We will only collect Sensitive Information (as defined by the Privacy Act 1988) where it is relevant to underwriting an insurance policy or dealing with, managing, or processing a claim.

We may use or disclose Your Personal Information by giving it to related companies and our appointed third parties for research and analysis, to design, test or underwrite new insurance products or features and for subsequent follow up of quotations.

Your Sensitive Information will not be used or disclosed for any other purpose unless we have your permission. If you do not consent to us collecting, using or disclosing all or some of the Personal Information we request, we may not be able to provide you with our products or services such as processing your application for insurance, your claim or any payment due to you. It may also prevent us from maintaining or administering your policy or the provision of information regarding our products or services or those of any third party.

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Privacy Act). Our Privacy Policy follows the principles set out in the Privacy Act and explains our policies and practices in relation to the handling and use of Personal Information. Our Privacy Policy can be viewed in full on our website - www.tego.com.au, or you can ask our office for a printed copy.

If you have any questions, suggestions or complaints about our privacy practices (including a complaint about a breach of the Privacy Act or Australian Privacy Principles) or this Privacy Policy, You can either email our privacy officer at enquiries@tego.com.au or write to Level 11, 309 Kent Street, Sydney NSW 2000. We will respond to your question, suggestion or complaint as soon as possible.

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY (BHSIC) ABN 84 600 643 034 PRIVACY NOTICE

Privacy legislation regulates how BHSIC collect, use and disclose the personal information you provide. BHSIC will collect information from or about you for the purposes of providing cover and handling any claims you make under this policy. BHSIC will only use and disclose your Personal Information for a purpose you would reasonably expect. You can access the full BHSIC Privacy Policy at <https://bhspecialty.com/privacy-policy/privacy-policy-australia/>

DECLARATION

1. I understand that in order to make this application for a subsidy under the Premium Support Scheme (PSS), I must provide information to Tego Insurance Pty Ltd (Tego) and BHSIC about my Private Practice Income, amongst other things, for the Premium Year.
2. I understand that the terms and conditions of the PSS are set out in Australian Government legislation and are subject to change from time to time. I accept the terms and conditions of the PSS that are in force as at the date of my application or any subsequent amendments to the PSS.
3. I am willing for a subsidy to be paid to Tego and BHSIC to help me meet the cost of medical indemnity insurance.
4. I understand and agree that I remain liable to pay all premiums and Gross Indemnity Costs until a final decision is made regarding my eligibility for a PSS subsidy and that any payments made to me or on my behalf to Tego and BHSIC including any overpayment of the subsidy under the PSS to which I am not entitled is a debt I owe to Tego and BHSIC severally and is immediately due and payable.
5. I agree that Tego and BHSIC may release to the Australian Government Department of Health and any agency of that department or other body or person authorised by the Commonwealth Government for the purposes of calculating, administering or auditing the PSS, information relating to me and my insurance cover or my eligibility for the PSS. This includes the information provided in this form including my Private Practice Income and any other information that Tego and BHSIC holds about me.
6. In assessing whether I am eligible for the PSS subsidy and, if so, the amount of PSS subsidy payable, I acknowledge that the Chief Executive Medicare Australia may have access to any information in this form including my Private Practice Income for any relevant period and to any information in the possession of the Australian Government Department of Health including information linked to my provider number.
7. I agree to notify Tego and BHSIC of any change to the information provided in this form and any information that may affect my entitlement to, or the amount of, a PSS subsidy.
8. I undertake to provide, when requested, any additional information required for the purposes of administering the PSS.
9. I declare that all answers and statements made in this application are true, correct and complete in every respect.
10. I authorise Tego to obtain from other insurers, any information about this insurance or any other insurance of mine including the information in this application and my insurance claims history.
11. I consent to the collection, use, storage and disclosure of my personal information as set out in the Privacy Policies of Tego and BHSIC as available on the website links provided above.

Name	Signed
<input type="text"/>	<input type="text"/>
Title	
<input type="text"/>	
Date	/ /
<input type="text"/>	

Further Information

The Premium Support Scheme (PSS) is an Australian Government scheme that helps eligible doctors with the costs of their medical indemnity insurance. For contracts of Insurance made with Tego Insurance Pty Ltd (Tego) and BHSIC from 1 July 2020 we will be able to offer you access to this scheme. BHSIC will administer the PSS for its insureds on behalf of the Government. If you are eligible the subsidy will be payable for each Premium Year

WHO IS ELIGIBLE FOR PSS?

You may be eligible for a PSS subsidy if you are an eligible practitioner that has a contract of insurance with Tego Insurance Pty Ltd (**Tego**) and BHSIC providing cover from 1 July 2020 for that year or subsequent years and one of the following applies to you:

- You are a medical practitioner whose gross medical indemnity costs exceed 7.5% of estimated gross income from private billings; or
- You are a procedural general practitioner practising in a rural area (RRMAs 3-7); or
- You are a doctor who has applied for and has been deemed to be eligible for a subsidy under the Medical Indemnity Support Scheme (MISS), i.e. former MISS participants, in your most current Premium Year.

IF YOU ARE A DOCTOR WHO HAS RETIRED FROM PRIVATE PRACTICE BUT CONTINUES TO PRACTICE IN THE PUBLIC SECTOR:

If you are a medical practitioner who does not receive any income from private medical practice during a Premium Year, you are not eligible for the PSS, unless you are practising only in the public sector and your contract of insurance provides retroactive or run-off cover for incidents relating to prior periods of private practice

Gross Indemnity Costs of a medical practitioner are the total of the following for which you are charged or liable

- the premium for your medical indemnity insurance contract;
- costs payable by you for retroactive cover or run-off cover.

Note membership fees are included in the calculation of your gross indemnity costs if an insurer charges membership fees. Tego and BHSIC do not charge membership fees.

The following amounts are excluded from Gross Indemnity Costs:

- GST relating to the contract;
- stamp duty on the contract;
- a capital contribution required of the practitioner under rules (however described) of an MDO;
- payment of an excess or deductible;
- costs for earlier premium periods;
- charges imposed by the insurer for late payment of Gross Indemnity Costs;
- late payment penalty.
- premium for a policy that covers your employees or practice

For more information on the PSS please refer to the [Australian Government Department of Health](#) website.