

Allocation Review Request Form

- Please complete all details that are relevant to you on this form. Ensure all relevant boxes are marked with a cross .
- Please read, sign and date the declaration on page 2.
- All applications must be received by the ahm Company Secretary by the dates specified in Section 7.8 of the Information Memorandum, a copy of which is available at www.ahm.com.au/merger.
- Mail this form to ahm by placing it in an envelope (postage is required) addressed to:
 - Company Secretary
 - Allocation Review Request
 - Australian Health Management Group Limited
 - Locked Bag 3
 - Wollongong NSW 2500

Capitalised terms used in this form have the meaning given to them in the Glossary in Section 12 of the Information Memorandum.

1. REASON FOR REVIEW REQUEST

Mark in the appropriate box(es):

Either:

I have received an Allocation Form, but I believe my allocation may be incorrect.

Mark in the appropriate box(es):

- I believe my Base Allocation may be incorrect.
- I believe that my Years of Single Membership noted on the Allocation Form is incorrect.
- I believe that my Years of Non-Single Membership noted on the Allocation Form is incorrect.
- Other.

Or:

I have NOT received an Allocation Form, but I believe that I am entitled to receive an allocation. I have contacted the Proposal hotline on 1300 VOTING and confirmed that I have not been sent an Allocation Form.

Mark in the appropriate box(es):

- I believe that I was a Member on 13 July 2008.
- I believe that I left another private health insurance fund before 13 July 2008, provided ahm with a 'transfer certificate' from that previous private health insurance fund confirming my last date of cover, and that my application to become a Principal Policy Holder was accepted by ahm after 13 July 2008 but within 30 days of my last date of cover
- I believe that I completed, signed, dated and submitted an application to become a Principal Policy Holder before 13 July 2008 and that my application was accepted by ahm after 13 July 2008 but within 21 days of the date of my application.
- I believe that I was an insured (but not the Principal Policy Holder) under a Policy at 13 July 2008, and that I became the Principal Policy Holder of that Policy after 13 July 2008 and at least 5 days before the 10:30am (AEDT) on 6 December 2008, as a result of the death of the previous Principal Policy Holder.
- I believe that I should be a Member.

Complete your details in Section 2 and the details of your request in Section 3. Ensure you provide as much information and evidence as you can to support your request for review.

2. YOUR DETAILS

ahm Membership Number

I believe I have had continuous ahm Membership since:

Title

Surname

First name

Date of birth

Sex (M/F)

Email address

Home phone number

Work phone or mobile number

Home address

Postal address (if different)

Have you ever changed your name? If YES, complete below:

Previous surname

Previous first name

Date of change

3. DETAILS OF REVIEW REQUEST

You will need to clearly explain the reasons why you believe your allocation has been incorrectly calculated or if you did not receive an Allocation Form, why you believe you are entitled to an allocation.

Before completing this section you should carefully read Section 7 of the Information Memorandum and the Allocation Rules in Schedule 5. A copy of the Information Memorandum is available at www.ahm.com.au/merger.

Please ensure you attach any documentation or relevant information, including previous membership number(s) and copies of membership documentation.

4. SIGN HERE

Please read, then sign this declaration.

I declare that the information provided on this Allocation Review Request Form is true, correct and complete and I will notify ahm of any changes. I understand that the decision of the Review Committee is final and binding on ahm and myself, and the Review Committee is not required to provide me with any reasons for its decision.

I understand that ahm requires the information sought in this Allocation Review Request Form, which may include information in relation to a person other than myself, in order to enable the Review Committee to consider and make a decision in relation to this request. I agree that by providing my personal information, and the personal information of any other person, with this Allocation Review Request Form I consent to ahm providing the personal information, including the personal information of the other person, to Medibank Private Limited, the Review Committee and any experts appointed to assist the Review Committee in relation to this request.

I confirm that in providing the personal information of any person with this Allocation Review Request Form I have obtained their consent to such disclosure and their consent to use and disclose their personal information in the manner set out in this declaration and clause 1.6 of the Review Committee Charter.

I consent to ahm contacting any private health insurer within Australia to determine whether I have held private health insurance with them. I understand ahm may seek to obtain this information where the Review Committee reasonably believes it is relevant to the consideration of this request. The details that I consent to ahm seeking include the dates the cover was held, the level of cover and type of product held, they do not include any details of claims or other medical information.

SIGNATURE OF APPLICANT

DATE