



Health Benefits Reinsurance (Records of Organisations) Amendment Determination 1999 (No. 1)

I, GAYLE GINNANE, Chief Executive Officer, Private Health Insurance Administration Council, make this Determination under subsection 73BB (1) of the *National Health Act 1953*.

Dated 21 September 1999.

G. GINNANE
Chief Executive Officer



Health Benefits Reinsurance (Records of Organisations) Amendment Determination 1999 (No. 1)

made under the

National Health Act 1953

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1 Name of Determination

This Determination is the *Health Benefits Reinsurance (Records of Organisations) Amendment Determination 1999 (No. 1)*.

2 Commencement

This Determination commences on gazettal.

3 Amendment of *Health Benefits Reinsurance (Records of Organisations) Determination 1998*

Schedule 1 amends the *Health Benefits Reinsurance (Records of Organisations) Determination 1998*.

Schedule 1 Amendment

(section 3)

[1] Schedule, Part 2

substitute

Part 2 Form PHIAC 1

PHIAC 1 Template		Page 1	
		Quarter	<input style="width: 100px;" type="text"/>
		Fund ID	<input style="width: 100px;" type="text"/> DE
		(For Council use only) Err.	<input style="width: 100px;" type="text"/> Exp.
Name of Your Organisation	<input style="width: 300px;" type="text"/>		
State	<input style="width: 100px;" type="text"/>	Phone	<input style="width: 100px;" type="text"/>
Contact Name	<input style="width: 100px;" type="text"/>	Fax	<input style="width: 100px;" type="text"/>
Part 1 Membership and Coverage			
<u>Total Hospital Membership</u>			
	Front-end deductible	Non Front-end deductibles	Total
Exclusionary Tables	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Non-Exclusionary	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Total Contributors	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Total persons covered	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
	Age 64 & <	Age 65+	Total
Total persons covered	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
<u>Single Membership</u>			
	Front-end deductible	Non Front-end deductibles	Total
Exclusionary Tables	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Non-Exclusionary	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Total Contributors	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Total persons covered	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
	Age 64 & <	Age 65+	Total
Single members	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
<u>Family Membership</u>			
	Front-end deductible	Non Front-end deductibles	Total
Exclusionary Tables	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Non-Exclusionary	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Total Contributors	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
Total persons covered	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
	Age 64 & <	Age 65+	Total
Total persons covered	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0	<input style="width: 50px;" type="text"/> 0
The following Check Total must be Printed —>		0.00	

Part 1 (Cont.) Membership and Coverage**Page 2****Single Parent Membership**

	Front-end deductible	Non Front-end deductibles	Total
Exclusionary Tables	0	0	0
Non-Exclusionary	0	0	0
Total Contributors	0	0	0
Total persons covered	0	0	0

	Age 64 & <	Age 65+	Total
Total persons covered	0	0	0

Couples Membership

	Front-end deductible	Non Front-end deductibles	Total
Exclusionary Tables	0	0	0
Non-Exclusionary	0	0	0
Total Contributors	0	0	0
Total persons covered	0	0	0

	Age 64 & <	Age 65+	Total
Total persons covered	0	0	0

Hospital Membership Changes During the Quarter

	Single Members	Family Members	Single Parents	Couples
Members Joining	0	0	0	0
Members Leaving	0	0	0	0

Medical Only Membership

	Single Members	Family Members	Single Parents	Couples
Medical Only Contributors	0	0	0	0
Total persons covered	0	0	0	0

Part 1 (Cont.) Membership and Coverage**Page 3****Ancillary Insurance Tables****(a) Ancillary Only Tables****Ambulance Only**

	Single Members	Family Members	Single Parents	Couples
Ambulance Only	0	0	0	0
Total persons covered	0	0	0	0

Other Ancillary Only

	Single Members	Family Members	Single Parents	Couples
Other Ancillary Only Tables	0	0	0	0
Total persons covered	0	0	0	0

Total Ancillary Only Tables

	Single Members	Family Members	Single Parents	Couples
Ancillary Only Tables	0	0	0	0
Total persons covered	0	0	0	0

(b) All Ancillary Tables (includes hospital and ancillary, and total ancillary only)

	Single Members	Family Members	Single Parents	Couples
Ancillary total	0	0	0	0
Total persons covered	0	0	0	0

The following Check Total must be Printed ——>

0.00

Part 2 Hospital Benefits Paid				Page 4
All Tables – Reinsurance Account Transactions For Persons Aged 65 and Over				
Acute Patients		Episodes	Days	Benefits Paid
Day Hospital Facilities		0	0	0
Recognised (Public) Hospitals	Day Only	0	0	0
	Overnight	0	0	0
Private Hospitals	Day Only	0	0	0
	Overnight	0	0	0
Total Acute Patients –				
Reinsurance Aged 65 and Over		0	0	0
Nursing Home Type Patients		Episodes	Days	Benefits Paid
Recognised (Public) Hospitals		0	0	0
Private Hospitals		0	0	0
Total Nursing Home Type Patients		0	0	0
Medical Benefits – Reinsurance Account (65+)		Number	Benefits Paid	
Up to Schedule Fee		0	0	
Up to 16% Above Schedule Fee		0	0	
Above 16% Above Schedule Fee		0	0	
		Number	Benefits Paid	
Prostheses Benefits		0	0	
Total Reinsurance Benefits For Persons Aged 65 and Over				0
All Tables – All Reinsurance Account Transactions				
		Episodes	Days	Benefits Paid
Day Hospital Facilities		0	0	0
Recognised (Public) Hospitals	Day Only	0	0	0
	Overnight	0	0	0
Private Hospitals	Day Only	0	0	0
	Overnight	0	0	0
Total Acute Patients –				
All Reinsurance		0	0	0
Nursing Home Type Patients		Episodes	Days	Benefits Paid
Recognised (Public) Hospitals		0	0	0
Private Hospitals		0	0	0
Total Nursing Home Type Patients		0	0	0
Medical Benefits – All Reinsurance		Number	Benefits Paid	
Up to Schedule Fee		0	0	
Up to 16% Above Schedule Fee		0	0	
Above 16% Above Schedule Fee		0	0	
		Number	Benefits Paid	
Prostheses Benefits		0	0	
All Tables Total Reinsurance				0
The following Check Total must be Printed—>		0.00		

Part 2 (Cont.) Hospital Benefits Paid**Page 5****All Tables – Total Benefits****All Claims (Ordinary and Reinsurance)**

Acute Patients		Episodes	Days	Benefits Paid
	Day Hospital Facilities	0	0	0
Recognised (Public) Hospitals	Day Only	0	0	0
	Overnight	0	0	0
Private Hospitals	Day Only	0	0	0
	Overnight	0	0	0

	Episodes	Days	Benefits Paid
Total Acute Patients – All Claims	0	0	0

Nursing Home Type Patients		Episodes	Days	Benefits Paid
	Recognised (Public) Hospitals	0	0	0
	Private Hospitals	0	0	0
Total Nursing Home Type Patients		0	0	0

Medical Benefits		Number	Benefits Paid
	Up to Schedule Fee	0	0
	Up to 16% Above Schedule Fee	0	0
	Above 16% Above Schedule Fee	0	0

	Number	Benefits Paid
Prostheses Benefits	0	0

Ineligible Benefits 0

Total Benefits

Ordinary and Reinsurance Accounts Combined 0

The following Check Total must be Printed —> 0.00

The following Check Total must be Printed —> 0.00

Part 3 Hospital Benefits by Age Category**All Tables – Benefits Paid by Age Category****Page 6****Males**

Age Group	Persons Covered	Episodes	Days	Benefits
0–4	0	0	0	0
5–9	0	0	0	0
10–14	0	0	0	0
15–19	0	0	0	0
20–24	0	0	0	0
25–29	0	0	0	0
30–34	0	0	0	0
35–39	0	0	0	0
40–44	0	0	0	0
45–49	0	0	0	0
50–54	0	0	0	0
55–59	0	0	0	0
60–64	0	0	0	0
65–69	0	0	0	0
70–74	0	0	0	0
75–79	0	0	0	0
80–84	0	0	0	0
85–89	0	0	0	0
90–94	0	0	0	0
95+	0	0	0	0
Total	0	0	0	0

The following Check Total must be Printed —>

0.00

Part 3 (Cont.) Hospital Benefits by Age Category**All Tables – Benefits Paid by Age Category****Page 7****Females**

Age Group	Persons Covered	Episodes	Days	Benefits
0–4	0	0	0	0
5–9	0	0	0	0
10–14	0	0	0	0
15–19	0	0	0	0
20–24	0	0	0	0
25–29	0	0	0	0
30–34	0	0	0	0
35–39	0	0	0	0
40–44	0	0	0	0
45–49	0	0	0	0
50–54	0	0	0	0
55–59	0	0	0	0
60–64	0	0	0	0
65–69	0	0	0	0
70–74	0	0	0	0
75–79	0	0	0	0
80–84	0	0	0	0
85–89	0	0	0	0
90–94	0	0	0	0
95+	0	0	0	0
Total	0	0	0	0

The following Check Total must be Printed —>

0.00

Part 4 Benefits Paid From All Tables						Page 8
BENEFITS PAID FROM INDIVIDUAL HOSPITAL TABLES (ORDINARY AND REINSURANCE COMBINED)						
Table identification	Total Contributors	Benefits Paid				
(please specify)						
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
Total	0	0				
Part 5 Benefits Paid From Ancillary Tables						
BENEFITS PAID FROM INDIVIDUAL ANCILLARY TABLES						
Table identification	Total Contributors	Benefits Paid				
(please specify)						
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
Total	0	0				
CONTRACTUAL ARRANGEMENTS PAID OUT OF ANCILLARY TABLES						
Type of Ancillary	Benefits Paid					
	0					
	0					
	0					
Total Contractual Arrangements		0				
Total Benefits Paid From Ancillary Tables		0				
The following Check Total must be Printed ———>			0.00			

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TYPE OF ANCILLARY (NON CONTRACTUAL)	SERVICES	COST	BENEFITS
Accidental Death / Funeral Expenses	0	0	0
Acupuncture / Acupressure	0	0	0
Ambulance	0	0	0
Chiropractic	0	0	0
Community, Home, District Nursing	0	0	0
Dental	0	0	0
Dietetics	0	0	0
Domestic Assistance	0	0	0
Ex gratia Payments	0	0	0
Fitness and Lifestyle Courses / Equipment	0	0	0
Hearing Aids and Audiology	0	0	0
Hypnotherapy	0	0	0
Maternity Services	0	0	0
Natural Therapies	0	0	0
Occupational Therapy	0	0	0
Optical	0	0	0
Orthoptics (Eye Therapy)	0	0	0
Osteopathic Services	0	0	0
Overseas	0	0	0
Pharmacy	0	0	0
Physiotherapy	0	0	0
Podiatry (Chiropody)	0	0	0
Prostheses, Aids and Appliances	0	0	0
Psych / Group Therapy	0	0	0
School	0	0	0
Sickness and Accident	0	0	0
Speech Therapy	0	0	0
Theatre Fees	0	0	0
Travel and Accommodation	0	0	0

[illegible]

A horizontal number line with three tick marks. Each tick mark is labeled with the number 0.

0.00