



# APPLICATION FOR MEMBERSHIP

## CHECKLIST

*I have:*

- ☐ Completed and signed the ADA WA Application for Membership form, including obtaining the signatures of a Proposer and Seconded.
- ☐ Completed and signed the Dental Protection Application for Scheme Membership form and circled my Membership Category.
- ☐ Completed and signed the MDA National Proposal for Dental Indemnity Policy.
- ☐ Completed and signed the MDA National Proposal Direct Debit Authority.

Please return completed forms to [memberships@adawa.com.au](mailto:memberships@adawa.com.au)

## Application for Membership

### Membership Category Code:

Please Circle. (See page 4 and 5 for full list of codes)

DST	FYS/GDY	YD1	YD2	YD3	SLA	SR1	SR2	YD4	YD4I
YDX	ORS	OSP	E1S	E2S	VGS	YLA	RMA	OMX	OMZ

### Personal information

Please use BLOCK LETTERS

Title	Family name	Preferred name
Given names	Date of birth	Sex
Home Address	Phone	
Suburb	Postcode	Mobile
Postal Address (if different from Home address)	Postcode	
Email	Registration No. (Dental Board of Australia)	
Name of person who referred you to ADAWA		

### Student Membership

<input type="checkbox"/> First Year	<input type="checkbox"/> Second Year	<input type="checkbox"/> Third Year	<input type="checkbox"/> Final Year
<input type="checkbox"/> Student ADC (Proof Required)			

### Practice information (Skip this section if you are applying for a student membership)

Principle practice address (Name, Street, Number)

Suburb	Postcode	Phone
Postal Address (if different from Practice address)	Postcode	
Other Practice/s (attach list if necessary)		
Suburb	Postcode	Phone
Practice Particulars (tick relevant boxes)		
<input type="checkbox"/> Practice Owner	<input type="checkbox"/> Government	<input type="checkbox"/> University
<input type="checkbox"/> Employee/Contractor	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Practicing Spouse	<input type="checkbox"/> Overseas	
	<input type="checkbox"/> Limited Practice	
Name of Partner/spouse (optional)		

### Qualifications

Degrees	Awards
University of Graduation	Year of Graduation

### Current Professional Indemnity Cover (Skip this section if you are applying for a student membership)

Name of Company	Valid from	to
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## Application for Membership

### Communication Preference

Please let us know your preferred method of receiving the following communications and publications

Insurance, Policy and Membership documents

☐ Email ☐ Post

Learning and Development

☐ Email ☐ Post

Events

☐ Email ☐ Post

### Nomination of Applicant (Skip this section if you are applying for a student membership)

Please use BLOCK LETTERS

We, the undersigned, hereby nominate \_\_\_\_\_ to be elected as a member of the Australian Dental Association Western Australia Branch Inc. and the Australian Dental Association Inc. and support this application.

Signature of Proposer

Names

Phone

Address

Postcode

Personal knowledge of applicant

☐ Yes

☐ No

Signature of Seconder

Names

Phone

Address

Postcode

Personal knowledge of applicant

☐ Yes

☐ No

*Note: Both the Proposer and the Seconder are required to be current members of the ADAWA.*

### DECLARATION

- I \_\_\_\_\_ hereby apply to become a member of the Australian Dental Association (WA Branch) Inc (ADAWA). I have read and understand the Rules and Code of Ethics and agree to be bound by the Rules and Code of Ethics made by the Association or the Council and undertake at all time to uphold the professional and ethical obligations of membership.
- I understand that election to membership of ADAWA also includes membership of the Australian Dental Association Inc (Federal), by virtue of the requirement under their Constitution (2019)
  - A copy of the Rules (2018) and Code of Ethics of the ADAWA may be downloaded at [adawa.com.au](http://adawa.com.au)
  - A copy of the ADA Federal Branch Constitution (2019) may be downloaded at [ada.org.au](http://ada.org.au)

## PRIVACY POLICY

### AUSTRALIAN DENTAL ASSOCIATION (WA BRANCH)

#### 1. Privacy commitment

Australian Dental Association (W.A. Branch) Inc (ADA WA) is committed to safeguarding the privacy and confidentiality of the personal information it collects. ADA WA only collects personal information that is necessary for meeting its objects as set out in its Constitution, which are "to promote the health of the public, the art and science of dentistry, and the interests of the dental profession."

#### 2. What personal information does ADA WA collect?

ADA WA collects personal information from members and potential members. The personal information which we collect includes:

- your name, gender and date of birth;
- your qualifications and dates of graduation;
- details of your professional indemnity cover and certificates of currency;
- languages spoken by you other than English; and
- your contact details, including your address, telephone, facsimile and email.

#### 3. Why does ADA WA collect personal information and how does ADA WA use personal information?

ADA WA collects and uses your personal information for the following purposes:

- processing membership applications and renewals;
- updating and maintaining the Register of Members;
- providing membership services to members (including sending out ADA WA publications and communications);
- keeping members informed about member services, products and publications;
- providing continuing education programs;
- sending and processing invoices for membership subscriptions;
- conducting surveys; and
- other purposes which you consent to.

ADA WA may share relevant personal information provided by you with the Australian Dental Association Inc (the national body representing dentistry in Australia) and other organisations to enhance the services offered to our members.

ADA WA may from time to time upon a request being made by an existing ADA WA member, provide that member with the names and practice addresses of other members. This will only occur where it is considered appropriate by the ADA WA executive following consideration of the request and where you have consented to the release.

ADA WA is an authorised corporate representative of MDA National Insurance Pty Ltd (MDA). Collection and use of personal information obtained by ADA WA in this capacity is governed by MDA's privacy policy.

Other than as set out in this section, we will not provide personal information to a third party, including overseas third parties, without your prior consent or otherwise as may be required by law.

#### 4. How does ADA WA collect personal information?

The personal information which ADA WA collects is obtained directly from members or potential members through forms completed by individuals, emails, face-to-face meetings and telephone conversations.

#### 5. How does ADA WA store and protect the information we hold about you?

We store personal information in paper copy form and electronically. We take reasonable steps to protect the security of the personal information we hold, including protections against unauthorised access, virus, fire, theft or loss. Our staff are bound by confidentiality agreements regarding the protection of members' personal information.

## PRIVACY POLICY

### AUSTRALIAN DENTAL ASSOCIATION (WA BRANCH)

#### 6. How can you access your personal information?

If you wish to access the personal information that ADA WA holds about you, you can contact us in writing, by email or by telephone and request access to your personal information. Our contact details are set out in Section 8 of this Policy. We will always try to meet your request within a reasonable time.

In some circumstances, your request for access may be denied. These circumstances include:

- if we no longer hold any personal information about you;
- if your request is frivolous or vexatious;
- if the information requested relates to existing or anticipated legal proceedings and would not normally be disclosed as part of those proceedings;
- if providing access would be unlawful; and
- if denying access is required or allowed by law.

If we are unable to give you access to the information you have requested, we will give you written reasons for this decision when we respond to your request.

#### 7. Correcting your personal information

It is important that the information ADA WA holds about you is accurate and up-to-date. You are expected to provide us with any changes to your personal information (including change of address, name, telephone number or email address) to enable us to update our records and the Register of Members. We will always take reasonable steps to ensure that the information that we hold about you is accurate and up-to-date.

If you cease to be member of ADA WA you will be removed from our database but some of your personal information will be held and archived for historical purposes. If you would like for your personal information to be destroyed (not archived) please contact ADA WA.

#### 8. Contact information and resolving your concerns

You can contact ADA WA during our office hours if you have any questions, concerns or complaints about this Privacy Policy or the way in which we collect, store and disclose your personal information. We will always try to respond to you and address your questions, concerns or complaints within a reasonable time. If you have any concerns about a potential breach of this Privacy Policy, please contact the CEO of ADA WA on 9211 5600, who will investigate your concerns and provide a response to you.

This Privacy Policy is available on the ADA WA website at [adawa.com.au](http://adawa.com.au). You can also contact us and request that we send you a copy of this Policy by mail or email.

#### Our contact details are set out below:

Contact:	CEO
Phone:	(08) 9211 5600
Address:	ADA House, 54-58 Havelock St West Perth WA 6005
Postal:	PO Box 34, West Perth WA 6872
Email:	<a href="mailto:adaw@adawa.com.au">adaw@adawa.com.au</a>

# Application for Scheme Membership - Australia

Dental Protection Limited & The Medical Protection Society



## FOR DENTISTS & SPECIALISTS, ORAL & MAXILLOFACIAL SURGEONS

### Personal information

Please use BLOCK LETTERS

Title	Family name	Preferred name
Given names	Date of birth	Sex
Nationality	Phone	Mobile
Postal Address (if different from Home address)		Postcode
Email		
Year of Qualification	Location	
Additional Qualifications		
Dental Board Registration No:		
Please circle area of work: <input type="checkbox"/> Private Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Defence Forces <input type="checkbox"/> Laboratory		
<input type="checkbox"/> Other (specify):		
Speciality (if applicable)		
Registerable Qualification:		

I require membership from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Enter date)

Your membership is provisional for 30 days from this date entered.

### MEMBERSHIP DECLARATION - TO BE COMPLETED BY ALL APPLICATIONS

I wish to apply for Scheme membership of the Medical Protection Society (MPS) ARBN 005 885 017 (incorporated in the United Kingdom) upon the terms of the Memorandum and Articles of Association from time to time in force (copies which are available on request).

I understand that if my subscription or any other liability to DPL/MPS is in arrears for more than one month, then I shall cease to be entitled to any membership benefits from DPL/MPS from the date when such subscription or liability fell due. I also understand that after non-payment for 2 months DPL/MPS may terminate my membership by notice, although any liability to DPL/MPS already accrued may not be affected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NB:** It is essential that you immediately advise ADA (WA Branch) Inc if you change the Country or State in which you practice or the details of your professional practice alter in any way, as this may affect the amount of subscription premium paid and your entitlement to the benefits of membership.

In order to comply with the Medical Indemnity (Prudential Supervision and Products Standards) Act 2003, and other legislative requirements in Australia ("The relevant Acts") DPL members are offered claims made insurance from MDA National Ltd which is wholly owned by the MDA Nation Limited (MDA National).

To receive an offer of insurance you must first be a member of ADAWA and Dental Protection Limited. Please complete this application form in detail together with the application form.

**IMPORTANT:** the offer and completion of this application form does not imply an acceptance into membership, which remains at the discretion of Dental Protection Limited.

# Dental Practitioner Proposal for Dental Indemnity Policy

This is a proposal for a Dental Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073.

In completing this proposal, 'we', 'our' and 'us' means MDA National Insurance. 'You' and 'your' means the proposed insured.

It is important that all information contained in this proposal is accurate and complete as this document will form the basis of the insurance contract between you and us. Where there is not sufficient room, please provide your answer on a separate attachment. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance contract. If you have any doubt as to whether any information is material, it should be disclosed. **Please read the Important Notice on page 4 before completing this form. Please ensure that you read and understand the terms and conditions of the Dental Indemnity Policy as outlined in the Dental Indemnity Policy Important Information and Policy Wording, and any Supplementary Important Information and Endorsement to Policy Wording.**

**Where you have an obligation to notify the insurer of a matter, this matter can be advised to the relevant Corporate Authorised Representative of the insurer. Please contact the association or organisation that arranges your indemnity insurance to notify any matters under this policy.**

Note: The issue of a policy is subject to our underwriting approval.

## 1. Personal Details

Title	First name(s)	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other names by which you have been known (including maiden name)		Sex	Date of birth
<input type="text"/>		Female Male Other	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
Postal address		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Primary practice address		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Mobile	Other telephone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 2. Policy coverage requirements

**2.1** If approved, your Policy will start from the date we receive this application form unless you request a later start date. Cover for prior practice can be completed under the Retroactive Cover/ Past practice section. Do you want the Policy to start on a later date?

If YES, please specify the date.

NO YES

 /  / 

**2.2** What is your practice category code?

Please refer to the Practice Category Guide to determine your appropriate practice category. If you have any question in relation to the practice categories, please contact the relevant association or organisation that arranges your indemnity insurance.

## 3. Nature of Practice

**3.1** Do you undertake any of the following procedures?

<input type="checkbox"/> Placement of single tooth implants	<input type="checkbox"/> Placement of implants for larger spans e.g. all-on-X	<input type="checkbox"/> Other oral surgery
<input type="checkbox"/> Orthodontics – fixed	<input type="checkbox"/> Orthodontics – clear aligners	

### Corporate Authorised Representatives:

**Australian Dental Association (WA Branch) Limited** – Phone: (08) 9211 5600 | Fax: (08) 9321 1757

**Dental Protection Limited Australia Pty Ltd** CAR No. 326134 – Freecall: 1800 444 542 | Fax: (07) 3831 7255

MDA National Insurance Pty Ltd ABN 58 056 271 417 Licence No. 238073.

3.2 What best describes your Practice?

☐ Private practice only

☐ Public practice for which you are indemnified by your employer

☐ Combination of public and private

3.3 What best describes the type of practice you work at?

☐ Solo practice

☐ Group practice

☐ Multiple locations

3.4 Hours of practice.

☐ Full time (>20hours)

☐ Between 10 and 20 hours

☐ Between 4 and 10 hours

☐ 4 hours or less

3.5 Do you act, or are you likely to act, in the capacity of a Medical Practitioner (outside of dentistry) at any time in the insurance year?

NOYES

If YES, please provide details of the nature of the medical practice undertaken on a separate attachment.

4. Retroactive Cover for Past Practice

4.1 When did you first commence practice as a Dental Practitioner in Australia?

DD / MM / YYYY

4.2 Please provide details of your previous insurers or medical defence organisations for the last 10 years in the table below.

If your require additional space please complete on a separate attachment.

Name of Organisation/Insurer	Period of insurance	Retroactive date* on Policy

Please read the information below to obtain an understanding of what retroactive cover is. If you have any questions or are unsure about how to complete this section, contact the association or organisation that arranges your indemnity insurance.

\*The retroactive date determines how much of your prior practice is covered under your policy. If your previous insurance policy specifies “Unlimited” for the retroactive date, your MDA National Dental Indemnity Policy will cover you for new matters that you become aware of, arising from your past practice in Australia, irrespective of how long ago the incident occurred. If your previous policy shows a specific retroactive date, please state the date. Your MDA National Insurance Dental Indemnity Policy will not respond to any matter arising out of an incident that occurred before the retroactive date.

5. Qualifications and registration

Qualification

Institution

Year

Country of registration

Registration number

Registration type (only relevant for Australian registration)

Date first registered

DD / MM / YYYY

5.1 Have you ever been refused registration, deregistered or suspended from practice as a dental practitioner whether as a result of a disciplinary proceeding or otherwise?

NOYES

If YES, please provide full details on a separate attachment.

5.2 Do you currently have, or have you ever had conditions, undertakings, cautions, reprimands or notations placed on your registration, including any restrictions placed on your practice in Australia or overseas?

NOYES

If YES, please provide a copy of these conditions.



## 6. Claims and Indemnity History

Understanding your dento-legal case history is important to us in making decisions about offering you cover. When answering the questions below, you should include all matters, whether occurring in Australia or overseas, whether the matter was pursued or not, and whether or not the matter has been finalised.

If you answer **YES** to any of the questions, please provide details on a separate attachment.

If you are unsure whether a matter is relevant, please disclose it to ensure you comply with your duty of disclosure.

<b>6.1</b> Have you ever been refused membership of a Medical Defence or Dental Indemnity Organisation, been refused professional indemnity, had your insurance or membership cancelled or not been offered renewal?	NO	YES
<b>6.2</b> Has any Medical Defence Indemnity Organisation or insurer ever imposed any non-standard terms or conditions on your practice or professional indemnity cover, including any requirement that you participate in a risk management program, or have they advised you that such requirements, terms or conditions will be imposed on your current or future indemnity or practice?	NO	YES
<b>6.3</b> Have you ever had any claims made or threatened against you or against a current or previous employer arising from your provision of dental services, whether finalised or not?	NO	YES
<b>6.4</b> Are you aware of any circumstances which may give rise to a claim against you or a current or previous employer arising from your provision of dental services?	NO	YES
<b>6.5</b> Have you ever had any complaints made or threatened against you arising from your provision of dental services, whether they have been investigated or not?	NO	YES
<b>6.6</b> Have you ever been the subject of an investigation, complaint, disciplinary or other proceeding or inquiry by any hospital, tribunal, professional registration board, court, statutory body (including but not limited to Medicare) or any other body?	NO	YES
<b>6.7</b> Have you ever been the subject of a criminal investigation or had criminal charges laid against you? For the purposes of this question, please disregard traffic or minor motor vehicle licensing offences.	NO	YES
<b>6.8</b> Whilst working as a dental practitioner have there been any gaps in your professional indemnity/ insurance since the date of your graduation?	NO	YES

**If you are aware of any claims, investigations or inquiries or circumstances which may result in a claim, complaint, investigation or inquiry, please ensure that you notify your current insurer prior to submitting this application.**

If you have answered **YES** to any question in section 5, please provide a detailed description of each matter on a separate attachment.

*Note: If you have previously held indemnity with another insurer, we will require your cases history or letter of good standing. If you have this available, please attach with this application. If you are unable to provide this with the application we will seek this information from your previous insurer.*

For questions relating to claims, circumstances, inquiries or investigations please include in this description:

- whether the matter was notified or dealt with by an insurer and, if so, which organisation;
- the date of the incident;
- a brief summary of the matter and the relevant details (if the matter involved a patient please do not identify the patient in any way);
- your involvement in the matter;
- details of any legal or indemnity payments made, if you are aware of this;
- the outcome if known (if unknown, please state the last known status).

**PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS PROPOSAL**

## 7. Communication preference

We will be communicating information regarding your Policy and membership via email unless you expressly request for it to be sent by post. If you wish to receive your Policy documents in the post please contact us.

I declare that:

- 1. I agree to be bound by the terms and conditions of the policy.
- 2. I have read and understood the Important Notice and contents of this proposal and acknowledge that the information included in, or attached to, this form is accurate and complete.
- 3. I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform MDA National Insurance or its Corporate Authorised Representatives of any material alteration of the risk during the period of insurance including any change in my field of practice or any material change in the nature of professional services provided by me, or the risk category that I have previously declared.
- 4. I acknowledge that the policy (if issued) will not indemnify me with respect to:
  - (a) claims that have been made against me as at the date of this proposal;
  - (b) claims that arise in the future from matters that I am aware will likely give rise to a claim as at the date of this proposal;
  - (c) any current investigation or inquiry;
  - (d) any future investigation or inquiry that results from a matter that has been, or is currently being, investigated or matters that I am aware of as at the date of this proposal that will be the subject of an investigation or inquiry; and
  - (e) any matter reported on or with this proposal or matters that should have been reported on or with this proposal.

Authorisation and Consent:

- 5. I authorise and request any Dental Board or other registration body to release all information requested by MDA National Insurance regarding my registration as a dental practitioner, any conditions placed on it and any complaints to, or investigations or hearings by, or on behalf of the Dental Board or registration body involving me whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance or its Corporate Authorised Representatives, reinsurers or advisers, as appropriate.
- 6. I authorise and request any current or former insurer or indemnity provider to release all information requested by MDA National Insurance regarding all requests for indemnity or assistance including details of claims, complaints, investigations or inquiries involving me, whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisers, as appropriate.
- 7. I consent to MDA National Insurance and any companies, firms or individuals who assist in providing services including reinsurers, Corporate Authorised Representatives, solicitors and barristers, holding and using the information I provide and any information provided about me or my practice by a registration body or current or former insurer or indemnity provider, in accordance with the MDA National Group Privacy Policy.

Please SIGN and DATE below

X

SIGN HERE

DD / MM / YYYY

REFER TO THE ‘IMPORTANT NOTICE’ SECTION ON P.5

To have a thorough understanding of the cover provided under your policy, please read the following information in conjunction with the current *Dental Indemnity Policy Important Information and Policy Wording*, and any *Supplementary Important Information and Endorsement to Policy Wording*.

### Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Claims made cover

The Dental Indemnity Policy is a claims made contract of insurance. This means that the policy responds to matters that have occurred on or after the retroactive date and that you first become aware of and notify us in writing during the period of insurance.

### Requirement to notify us

You must notify us in writing as soon as practicable of any material alteration of the risk during the period of insurance including any material change in the nature of the professional services provided by you. You must also notify us as soon as practicable after you become aware of:

- (a) any claim, investigation or inquiry; or
- (b) any circumstance that might lead to a claim against you or to an investigation or inquiry involving you; or
- (c) any other matter which might give rise to a claim for indemnity under this policy.

### Rights under section 40(3) of the *Insurance Contracts Act*

If you have a Policy with us and you notify us in writing of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts, but before the expiry of the period of insurance, you may have rights under section 40(3) of the Insurance Contracts Act 1984 (Cth) to be covered in respect of any claim subsequently made against you arising from those facts even though the claim is made against you after the expiry of the period of insurance.

### Payments

All monies received will be paid into an Australian bank account and held in trust on your behalf until we agree to accept your Insurance renewal. MDA National Insurance is entitled to the interest earned on this bank account. Your Membership subscription is collected on behalf of DPL Australia and will be allocated accordingly.

### Privacy Statement

We collect, hold and use personal information in order to conduct our business of providing assistance, dental-legal advice, education services and insurance. If personal information we request is not provided, we may not be able to supply the relevant product or service to you. Any information you provide will be held and used by us, and any third parties who assist us in providing these products and services (including but not limited to reinsurers, medical/dental specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy which is provided on our website. Personal information is also used by us to administer government schemes.

We may disclose personal information to third parties located outside Australia including, but not limited to, information on claims, cases and insureds to reinsurers, brokers and others who assist us to manage or administer our business. We take reasonable steps to ensure that such recipients respect your privacy by abiding by equivalent privacy laws and act in a manner consistent with Australian Privacy Principles contained in the Privacy Act 1988 (Cth).

Registered office: MDA National, Level 3 88 Colin Street WEST PERTH WA 6005 | Web: [mdanational.com.au](http://mdanational.com.au)

The MDA National Group is made up of MDA National Limited ABN 67 055 801 771 and its wholly owned subsidiary, MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417 AFS Licence No. 238073. Insurance products are underwritten by MDA National Insurance.

Australian Dental Association (WA Branch) Limited. (ADAWA), AFS Representative No. 326133 and Dental Protection Limited Australia Pty Ltd CAR No. 326134 and Corporate Authorised Representatives of MDA National.

Before making a decision to buy or hold any products issued by MDA National Insurance, please consider your personal circumstances and the relevant Product Disclosure Statement, Policy Wording and any supplementary documentation available at [mdanational.com.au](http://mdanational.com.au).

# Direct Debit Authority

To arrange a direct debit please read the Direct Debit Service Agreement and return this completed form.  
A copy of the Agreement is available via the ADABA website [adawa.com.au](http://adawa.com.au).

In completing this form, you are providing MDA National Insurance Pty Ltd (User ID 227682) with an enduring authority to debit your nominated account in payment of the Membership Subscription and Insurance Premium. This Direct Debit Authority remains in force and will be used to pay for future Membership Subscriptions and Insurance Premiums until you advise us that you no longer wish to continue with this arrangement. We will provide you with written notice of future Membership Subscriptions and Insurance Premiums to be debited under this Authority.

Member name

Member number

## Payment type

Please select your payment frequency

☐

MONTHLY

☐

QUARTERLY

☐

YEARLY

### Bank Account

Account name

Financial institution

BSB

Account no.

### Credit Card

☐

VISA

☐

MASTERCARD

☐

AMEX

☐

DINERS

Cardholder name

Card number

Expiry date

 / 

OR

## Authority

I have read the Direct Debit Service Agreement and I authorise MDA National Insurance Pty Ltd (User ID 227682) to debit the account nominated above in payment of any Membership Subscriptions and Insurance Premiums in the amount shown on my Renewal/Instalment Notice or quotation form, or as otherwise authorised by me. I understand that this Authority is enduring and will continue until I request that it be cancelled and that it can be used to pay future Membership Subscriptions and Insurance Premiums.

Please SIGN and DATE below

X SIGN HERE

DD / MM / YYYY

Please return this form either by:

Email: **memberships@adawa.com.au**

Mail: **ADABA PO Box 34 WEST PERTH WA 6872**

Fax: **(08) 9321 1757**

If you have any queries, please contact our Membership team on **(08) 9211 5600** or email **memberships@adawa.com.au**.

# Direct Debit Service Agreement



**If you are intending to pay by Direct Debit, please review the following Direct Debit Service Agreement.**

It is important you are aware that your Direct Debit Authority is enduring and will be used to pay any Membership Subscriptions and Insurance Premiums for future policies. We will provide you with written notice of future Membership Subscriptions and Insurance Premiums.

## Our commitment to you

This agreement outlines our service commitment to you with respect to the Direct Debit Authority arrangements made between MDA National Insurance Pty Ltd (User ID 227682) and you. It sets out your rights, your responsibilities to us and who to contact for assistance.

## Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits; and
- there is sufficient cleared funds in the nominated account on the drawing date; and
- you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonored by your financial institution we will re-draw on your account after seven days. Any transaction fees payable by us in respect of the above will be added to the amount being drawn.

If the re-draw is unsuccessful, we will contact you to request an alternative method of payment. You should be aware that if you are unable to provide us with a valid form of payment, your policy may be cancelled.

## Disputes

- Please contact us if you have a dispute regarding a drawing made on your account.
- You will receive a refund of the drawn amount if we cannot substantiate the reason for the drawing.

## Drawing arrangements

- Direct debits will be made from your nominated account for the amount shown on your renewal/instalment notice or quotation form.
- If any drawing falls due on a non-business day, it will be debited from your account on the business day following the scheduled drawing date.
- We will give you at least 14 days written notice of any proposed change to the Direct Debit arrangements.

## Your rights

If you wish to cancel or make any changes to the Direct Debit arrangement, please contact us at least seven days prior to the next scheduled drawing date and make alternate payment arrangements if there is a payment outstanding. If you wish to make any changes to the Direct Debit arrangement, then please contact the dental organisation or association through whom you access our products, at least seven days prior to the next scheduled drawing date. Please detail the reasons for requesting the change and the dental association in conjunction with MDA National will review each request on a case-by-case basis and advise you in writing whether the change can be made. Changes may include:

- deferring the drawing
- altering the scheduled drawing dates
- stopping an individual debit
- suspending the Direct Debit request.

## Confidentiality

All personal information held by us will be treated confidentially in line with our Privacy Policy, except information that we are required to provide to our financial institution to initiate the drawing on your nominated account. A copy of our Privacy Policy can be accessed via our website [mdanational.com.au](http://mdanational.com.au)

## Initial terms of the arrangement

In terms of the Direct Debit Request arrangement made between us and yourself, we undertake to debit your nominated account for the agreed amount(s) for your Membership Subscriptions and Indemnity Insurance Premiums. All payments will be collected and processed by MDA National Insurance. Your Membership Subscriptions are collected on behalf of your dental organisation or association and allocated accordingly. MDA National reserves the right to not offer a Direct Debit arrangement and request payment of the full outstanding amount should multiple payments fail.

**Freecall:** 1800 011 255

**Member Services Fax:** 1300 011 244

**Email:** [peaceofmind@mdanational.com.au](mailto:peaceofmind@mdanational.com.au)

**Web:** [mdanational.com.au](http://mdanational.com.au)

**Registered Office:** MDA National, Level 3, 88 Colin Street WEST PERTH WA 600

**Phone:** (08) 6461 3400

**Fax:** (08) 9415 1492