



PRIVATE  
HEALTH  
INSURANCE  
INTERMEDIARIES

**CODE OF CONDUCT**

**PRIVATE  
HEALTH  
INSURANCE  
INTERMEDIARIES**

DOCUMENT 2:  
**Self-Audit Questionnaire  
For All Members of PHIIA**

JUNE 2015

Version 2

# For All Members of PHIA

Code Compliance Committee  
Private Health Insurance  
Intermediaries Association Inc

**JUNE 2015: VERSION 2**

To assist members of PHIA in obtaining accreditation a separate Self-Audit Guide has been prepared. The Guide document must be read and submitted with this Questionnaire. The Guide may be downloaded from the website at this address:

<http://phiia.com.au>

Please direct any inquiries regarding your application for accreditation to:

Secretariat  
Code Compliance Committee  
Private Health Insurance Intermediaries Association Inc  
Level 40, 140 William Street,  
Melbourne Victoria 3000 Australia  
Telephone +61 3 9229 3896  
[www.phiia.com.au](http://www.phiia.com.au)



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# SELF-AUDIT QUESTIONNAIRE

## INTRODUCTION

The Private Health Insurance Intermediaries Code of Conduct (Code) is a self-regulatory code developed by the Private Health Insurance Intermediaries Association (PHIA) to promote informed relationships between Private Health Insurers, general insurers providing health insurance (HI), consumers, agents and brokers operating in the health insurance environment in Australia.

The objective is that the Code will maintain and enhance regulatory compliance and service standards across the health insurance industry.

If an intermediary has identified that it will be in compliance in a particular area at a future time provision has been made to complete the Self-Audit and include the steps required to achieve compliance.

This Self-Audit Questionnaire follows the Code, which is available in a separate document, Private Health Insurance Intermediaries Code of Conduct Guide. This document must be read prior to completion of the Self-Audit Questionnaire. The Guide is produced to assist intermediaries with completion of the Questionnaire.

### Organisational Size

The Self-Audit Questionnaire has been redesigned to allow all members to complete it. In recognition of the size of the intermediary's own organisation, smaller operators, those classified as Level One Members of PHIA, are now simply required to complete the separate Certification section following each Part.

## Requirements for Compliance

Compliance with the Code requires a 'Yes' answer to all questions unless the Code Compliance Committee agrees the question is not applicable to you. In the event you consider a positive response not applicable to your organisation, please give your reasons. If you do not provide services directly to consumers you should answer 'No' to the question at the beginning of the relevant section and then write 'NA' against any question that is not applicable to you for this reason.

Compliance also requires you to identify the documents you are relying on to support your compliance with the Code requirements. Please insert a policy identifier such as a policy number or code that your organisation uses to identify documents together with a description of the document. This will assist you in ensuring your compliance with Code requirements and any requests to produce documentation as part of an audit process.

If in the preparation of the Self-Audit you believe your organisation will be compliant in a particular area at a future date AND your organisation has a plan in place to become fully compliant within the next 12 months please answer 'No' to that question and provide your plans for compliance with your application. If your business is partially compliant you should answer 'Pending' to that question and provide your plans for full compliance with your application.

### Lodging your Self-Audit Questionnaire and Guide

Please submit your completed Questionnaire together with your notated Self-Audit Guide to the Secretariat.

Once the initial Self-Audit Questionnaire has been submitted and the Code Compliance Committee is satisfied that the intermediary is able to fulfil its obligations under the Code, a Deed of Adoption can be entered into between the intermediary and the PHIA. Following authorisation by the Code Compliance Committee, intermediaries can display the Code of Conduct logo. Each year, following initial acceptance by the Code Compliance Committee, a fresh Self-Audit will be required for consideration of ongoing compliance.

## **PART A** CERTIFICATION

Registered Name of Intermediary:

\_\_\_\_\_

Trading Name/s of Intermediary:

\_\_\_\_\_

Address of Intermediary: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mailing address: (if different): \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### CONTACT PERSON REGARDING THIS QUESTIONNAIRE FOR THE CODE COMPLIANCE COMMITTEE:

Name: \_\_\_\_\_

Position \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date Submission Lodged: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Level of membership in PHIA (please tick ):  Level One Member  Level Two Member  Level Three Member

### CERTIFICATION

We hereby confirm our organisation's commitment to the principles of the PHII Code of Conduct and certify that the Board of the Intermediary has resolved that the answers and detail in this Self-Audit has been completed both having regard to the PHII Code of Conduct and with due diligence by those identified in this document and represents a true and accurate response to the questions raised.

Date of board meeting: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed (Head of Compliance or Principal Officer) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Signed (Director) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

## PART B

# DISPUTE RESOLUTION PROCEDURES IN RELATION TO THE CODE

Where appropriate, please identify all relevant documentation to support your statement.

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<b>B1</b> Does your organisation have a written internal dispute resolution procedure that includes information as to a consumer's rights to deal directly with an external body in the event of an unsatisfactory outcome of a dispute?			
<b>B2</b> Does your written internal dispute resolution procedure conform to the Standards Australia, the Australian Standard on Complaints Handling Standard ISO AS 10002-2006 or equivalent?			
<b>B3</b> Do you have a documented procedure for the declaration of errors and omissions to health funds or general insurers?			
<b>B4</b> Does your organisation have a documented internal escalation procedure for unresolved disputes for review by more senior officers?			
<b>B5</b> Is information on your internal dispute resolution process freely available to consumers: <ul style="list-style-type: none"> <li>• on your web site; and</li> <li>• contained in your product brochure?</li> </ul>			
<b>B6</b> Do you have a policy of prompt reply within ten working days, including written reply where requested, to all requests of response to a dispute by a consumer?			
<b>B7</b> Where a dispute is not resolved to the satisfaction of a consumer, do you have a policy of giving: <ul style="list-style-type: none"> <li>• where appropriate, general reasons for the outcome; and</li> <li>• information on the further action the consumer can take via your external dispute resolution processes including access to the Private Health Insurance Ombudsman or the Financial Ombudsman Service for overseas health cover provided by a general insurer?</li> </ul>			
<b>B8</b> Do you have a process of monitoring disputes within your organisation?			
<b>B9</b> Do you have a process for feedback on outcomes of disputes to applicable personnel?			

## PART B CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

We, the persons responsible for development of the process, implementation and monitoring of Part B, Dispute Resolution Procedures in Relation to Codes, certify that documentation referred to above has been sighted and the information provided is correct and consistent with our responsibilities under the PHII Code of Conduct which was reviewed by us when answering these questions.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

### LEVEL 1 MEMBERS

I am responsible for development of the process, implementation and monitoring of Part B, Dispute Resolution Procedures in Relation to Codes, and certify that documentation referred to above has been sighted and the information provided is correct.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		



## PART C EMPLOYEES

Where appropriate, please identify all relevant documentation to support your statement.

QUESTION	YES	NO
C1 Does your organisation deal directly with consumers in providing private health insurance services to them?		

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<b>IDENTIFICATION OF THE NEED FOR TRAINING</b>			
C1 Does your organisation have a systematic way of identifying and documenting specific responsibilities of individuals and groups within your organisation?			
C2 Have you identified the training needs and requirements, of all appropriate individuals and groups within your organisation in regard to each of the following: <ul style="list-style-type: none"> <li>• the PHII Code of Conduct; and</li> <li>• dispute resolution; and</li> <li>• your Privacy Policy; and</li> <li>• arranging health insurance on behalf of individual health funds and/or general insurers with whom you deal; and</li> <li>• providing health insurance services to consumers?</li> </ul>			
<b>TRAINING PROGRAMMES</b>			
C3 Do you have written up to date training material or packages for all individuals and groups within your organisation who are required to arrange health insurance or provide HI services, on behalf of individual health funds and/or general insurers with whom you deal?			
C4 Have you a documented system in your organisation to ensure changes to health insurance products are built into training programmes prior to these changes taking effect?			
C5 Have you a documented system in your organisation of ensuring people who are required to arrange health insurance or provide HI services, have received training adequate to their responsibilities?			

**PART C**  
**EMPLOYEES** *CONTINUED*

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<p><b>C6</b> Have you incorporated necessary information, to comply with your responsibilities, into your induction training and all your training material or packages for appropriate people in your organisation in regard to each of the following:</p> <ul style="list-style-type: none"> <li>• the PHII Code of Conduct; and</li> <li>• your dispute resolution process; and</li> <li>• your Privacy Policy; and</li> <li>• health insurance product information on behalf of individual health funds and/or general insurers with whom you deal;</li> <li>• an information link to PHIAC 'Insure? Not Sure?' at: <a href="http://www.phiac.gov.au/for-consumers/insure-not-sure/">www.phiac.gov.au/for-consumers/insure-not-sure/</a>;</li> <li>• the need to keep appropriate records of their advice to consumers;</li> <li>• to provide a clear explanation of a consumer's options; and</li> <li>• to provide all information the consumer requires to make an informed choice as to their health insurance purchase?</li> </ul>			
<b>TRAINING</b>			
<p><b>C7</b> Have you completed and documented training, in the areas of the PHII Code of Conduct, dispute resolution and your Privacy Policy for all individuals in your organisation involved in each of the following responsibilities:</p> <ul style="list-style-type: none"> <li>• arranging health insurance on behalf of individual health funds and/or general insurers with whom you deal;</li> <li>• providing HI services to consumers; and</li> <li>• dispute resolution?</li> </ul>			
<p><b>C8</b> Are you satisfied that all staff possess the necessary skills appropriate to their responsibilities under the PHII Code of Conduct?</p>			
<p><b>C9</b> Have you kept a record of the training undertaken by each individual employee in your organisation appropriate to his or her responsibilities under the PHII Code of Conduct?</p>			

## PART C EMPLOYEES CONTINUED

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<b>C10</b> Have you instructed appropriate staff who are not involved in arranging health insurance, providing HI services or dispute resolution and have not received adequate and up to date product training: <ul style="list-style-type: none"> <li>• not to give information on HI products to consumers; and</li> <li>• how a consumer may receive information on HI products?</li> </ul>			
<b>C11</b> Are you satisfied that all staff who are not involved in arranging health insurance, providing HI services or dispute resolution and have not received adequate and up to date product training have received sufficient and current instruction: <ul style="list-style-type: none"> <li>• not to give information on HI products to consumers; and</li> <li>• how a consumer may receive information on HI products?</li> </ul>			
<b>EFFECTIVENESS OF TRAINING</b>			
<b>C12</b> Do you have a process of review of the performance of individual employees against the training provided to employees in relation to their responsibilities under the Code?			
<b>C13</b> Do you have in place a process of additional remedial training to address any deficiencies identified by your monitoring?			
<b>C14</b> Are you satisfied that all employees are monitored against training provided and receive appropriate follow up training when required?			
<b>RECORDS ON ADVICE GIVEN TO CONSUMERS</b>			
<b>C15</b> Do you have in place a system to enable employees to keep appropriate records of their advice to consumers?			
<b>C16</b> Do your employees who are involved in arranging health insurance or providing HI services to consumers keep appropriate records of their advice to consumers?			
<b>C17</b> Are records archived when necessary and easily referred to when required?			

## PART C CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

We, the persons responsible for development of the process, implementation and monitoring of Part C: Employees, certify that documentation referred to above has been sighted and the information provided is correct and consistent with our responsibilities under the PHII Code of Conduct which was reviewed by us when answering these questions.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

### LEVEL 1 MEMBERS

I am responsible for development of the process, implementation and monitoring of Part B, Dispute Resolution Procedures in Relation to Codes, and certify that documentation referred to above has been sighted and the information provided is correct.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## PART D RESPONSIBILITIES

Where appropriate, please identify all relevant documentation to support your statement.

### 1. GENERAL RESPONSIBILITIES OF INTERMEDIARIES

QUESTION	YES	NO
D Does your organisation deal directly with consumers in providing private health insurance services to them?		

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<p><b>D1</b> Do you have written staff instructions in place for those in your organisation who arrange health insurance or provide HI services to consumers, covering the following issues:</p> <ul style="list-style-type: none"> <li>• staff to discharge their responsibilities and duties competently and with integrity and honesty;</li> <li>• exercise reasonable care and skill;</li> <li>• comply with the provisions of the Private Health Insurance Act 2007, the Competition and Consumer Act 2010 and the State Fair Trading Acts;</li> <li>• maintain records required by law and comply with legal requirements for production of, access to, or copying of, such records;</li> <li>• provide such information as may be legally required by any regulatory or other authority;</li> <li>• comply with the Code where relevant;</li> <li>• not engage in any unlawful non-disclosure or misrepresentation;</li> <li>• ensure recommendations are made to consumers in the consumers best interest regardless of any incentive or commissions received by us; and</li> <li>• declare errors and/or omissions promptly to health funds or general insurers?</li> </ul>			
<b>D2</b> Do you have a written process of ongoing monitoring of products sold by Private Health Insurer to determine the level of sales for each health fund?			
<b>D3</b> Do you monitor sales by Private Health Insurer to identify any sales that exceed normal market levels for any health fund?			
<b>D4</b> If your monitoring shows excessive sales for any Private Health Insurer have you identified and recorded causes for the sales levels experienced?			

**PART D**  
**RESPONSIBILITIES** *CONTINUED*

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<p><b>D5</b> Does your policy documentation from health funds or general insurers with whom you deal, your proposals including your website where appropriate, provide, at a minimum, information on the each of following subjects:</p> <ul style="list-style-type: none"> <li>• waiting periods and pre-existing conditions;</li> <li>• an explanation of the scope and implications of exclusions;</li> <li>• an explanation of the scope and implications of restriction on benefits;</li> <li>• an explanation of the scope and implications of benefit limitation periods;</li> <li>• annual limits (individual and membership);</li> <li>• co-payments and/or excesses;</li> <li>• how to access both your own and the health fund or general insurer’s complaints handling procedures;</li> <li>• an explanation of pre-existing ailments;</li> <li>• advice they may cancel their policy and if they have not yet made a claim, may receive a full refund of any premiums paid within a period of 30 days from the commencement date of their policy;</li> <li>• information about the existence of the PHII Code of Conduct including the Code logo; and</li> <li>• advice that the documentation should be read carefully and retained?</li> </ul>			
<p><b>D6</b> Do you have written instructions for your staff instructing them that when requested discloses to the consumer or our principal the existence of fees, commissions or other remuneration or benefits?</p>			
<p><b>D7</b> Do your staff disclose to the consumer or your principal when requested the existence of fees, commissions or other remuneration or benefits?</p>			

## PART D RESPONSIBILITIES CONTINUED

QUESTION	YES	NO
D8 Does your organisation act as agent of a health fund or general insurer when organising health insurance or health insurance services for consumers and in doing so act on behalf of one or more health funds or general insurers?		

### 2. ADDITIONAL DISCLOSURE REQUIREMENT FOR AGENTS

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
D9 Do you instruct your staff to provide to consumers copies of policy wordings, insurance documentation and certificates as appropriate?			
D10 Do you provide to consumers copies of policy wordings, insurance documentation and certificates as appropriate?			
D11 Do you have written staff instructions advising staff to ensure consumers have sufficient information to enable them to make an informed choice as to their health insurance purchase?			
D12 Do you have a system of promptly conveying to the consumer, relevant information and documents being sent to you by the Private Health Insurer or general insurer?			

## PART D RESPONSIBILITIES CONTINUED

QUESTION	YES	NO
D13 Does your organisation act as a broker and therefore as agent of consumers when organising health insurance or health insurance services for consumers?		

### 3. ADDITIONAL RESPONSIBILITIES OF BROKERS ACTING AS AGENT OF INSURED

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<p>D14 Does your training documentation and instruction to relevant staff include the following requirements to comply with the Code:</p> <ul style="list-style-type: none"> <li>• ensure consumers are able to make an informed decision about their health insurance purchase by clearly explaining relevant options and providing all relevant information;</li> <li>• comply with our fiduciary obligations to our principal and the consumer, including:                             <ul style="list-style-type: none"> <li>(i) avoiding conflicts of interest;</li> <li>(ii) if a conflict of interest occurs, disclosing that conflict as soon as is reasonably practicable; and</li> <li>(iii) maintain the confidentiality of our principal's records and other information.</li> </ul> </li> </ul> <p><b>Policy arrangements/renewal/cancellation</b></p> <ul style="list-style-type: none"> <li>• assist the consumer in all ways to comply with the Private Health Insurer's or general insurer's requirements of the consumer;</li> <li>• promptly provide the consumer's proposal information to the Private Health Insurer or general insurer; and</li> <li>• not engage in any non-disclosure or misrepresentation</li> </ul> <p><b>Drafting proposals</b></p> <ul style="list-style-type: none"> <li>• when requesting information from consumers to prepare a proposal, ensure requests are in plain language and provide instruction where necessary on how the questions should be answered: and</li> <li>• when preparing proposals or developing computer templates for presenting health insurance ensure information is in plain language and is reviewed by others in your organisation before presentation or implementation?</li> </ul>			



## PART D RESPONSIBILITIES CONTINUED

QUESTION	YES	NO
D15 Does your organisation act as a corporate broker on behalf of organisations wishing to offer health insurance or health insurance services for their employees?		

### 4. ADDITIONAL RESPONSIBILITIES OF CORPORATE BROKERS ACTING ON BEHALF OF ORGANISATIONS WISHING TO OFFER HEALTH INSURANCE PRODUCTS TO EMPLOYEES

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<p>D16 Does your training documentation and instruction to relevant staff include the following requirements to comply with the Code:</p> <ul style="list-style-type: none"> <li>• ensure our principal is able to make an informed decision about their health insurance decisions by clearly explaining relevant options and providing all relevant information;</li> <li>• comply with our fiduciary obligations to our principal, including: <ul style="list-style-type: none"> <li>(i) avoiding conflicts of interest;</li> <li>(ii) if a conflict of interest occurs, disclosing that conflict as soon as is reasonably practicable; and</li> <li>(iii) maintain the confidentiality of our principal's records and other information.</li> </ul> </li> </ul> <p><b>Drafting proposals</b></p> <ul style="list-style-type: none"> <li>• when requesting information from consumers to prepare a proposal, ensure requests are in plain language and provide instruction where necessary on how the questions should be answered: and</li> <li>• when preparing proposals or developing computer templates for presenting health insurance ensure information is in plain language and is reviewed by others in your organisation before presentation or implementation?</li> </ul>			

## PART D CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

We, the persons responsible for development of the process, implementation and monitoring of Part D: Responsibilities, certify that documentation referred to above has been sighted and the information provided is correct and consistent with our responsibilities under the PHII Code of Conduct which was reviewed by us when answering these questions.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

### LEVEL 1 MEMBERS

I am responsible for development of the process, implementation and monitoring of Part D: Responsibilities, and certify that documentation referred to above has been sighted and the information provided is correct.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## PART E TRAINING AND ACCREDITATION

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<b>ACCREDITATION</b>			
E1 Are you accredited or approved by each health fund or general insurer with whom you deal to offer health insurance products to consumers?			
E2 Do you hold a current Australian Financial Services licence?			
<b>TRAINING MATERIAL</b>			
E3 Have you agreements in place with health funds and/or general insurers with whom you deal to receive necessary information within an adequate time frame to provide appropriate training of your staff prior to the introduction of any new product or product change?			
E4 Do these agreements with health funds and/or general insurers with whom you deal include the requirement for you to receive sufficient information to enable you to ensure consumers can make an informed choice as to their health insurance purchase having regard to your organisations role and responsibilities in dealing directly with consumers?			
<b>TRAINING PROGRAMMES</b>			
E5 Is the information provided by health funds and/or general insurers with whom you deal included in your training & information packages?			
E6 Have you incorporated necessary information into your training & information packages, for different types of staff (if applicable) in regard to each of the following having regard to your organisations role and responsibilities in dealing directly with consumers:			
<ul style="list-style-type: none"> <li>• principles of health insurance and any relevant consumer protection law;</li> <li>• product knowledge;</li> <li>• use of by us and distribution to consumers of relevant product documentation;</li> <li>• what to do in the event of a claim;</li> <li>• the requirements of this Code?</li> </ul>			
<b>TRAINING</b>			
E7 Do you have a process for ongoing training of staff relevant to their responsibilities?			

## PART E CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

We, the persons responsible for development of the process, implementation and monitoring of Part E: Training and Accreditation, certify that documentation referred to above has been sighted and the information provided is correct and consistent with our responsibilities under the PHII Code of Conduct which was reviewed by us when answering these questions.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

### LEVEL 1 MEMBERS

I am responsible for development of the process, implementation and monitoring of Part E: Training and Accreditation, and certify that documentation referred to above has been sighted and the information provided is correct.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## PART F DISCLOSURE

Where appropriate, please identify all relevant documentation to support your statement.

### 1. GENERAL DISCLOSURE REQUIREMENTS FOR INTERMEDIARIES

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<b>TRAINING PROGRAMS</b>			
<b>F1</b> Does your organisation's training program for employees involved in providing HI services to consumers or organisations include the requirement to disclose: <ul style="list-style-type: none"> <li>• your accreditation under this Code including the Code logo;</li> <li>• the identity of all other Private Health Insurers or general insurers whose products you are presenting;</li> <li>• the total number of Private Health Insurers or general insurers available to you to select from on behalf of the consumer or your principal; and</li> <li>• when asked acknowledge to the consumer or your principal any recommendation of a fund or general insurer where that fund or general insurer pays to you commissions and/or fees and/or incentives higher than other funds or general insurers from which you are selecting on their behalf?</li> </ul>			
<b>ADVERTISING AND WEBSITES</b>			
<b>F2</b> Have you incorporated necessary information into your advertising and websites in regard to each of the following: <ul style="list-style-type: none"> <li>• your accreditation under the Code including the Code logo;</li> <li>• the identity of all Private Health Insurers or general insurers whose products you are presenting;</li> <li>• the total number of Private Health Insurers or general insurers available to you to select from on behalf of the consumer or your principal; and</li> <li>• when asked acknowledge to the consumer or your principal any recommendation of a fund or general insurer where that fund or general insurer pays to you commissions and/or fees and/or incentives higher than other funds or general insurers from which you are selecting on their behalf?</li> </ul>			

**PART F**  
**DISCLOSURE** *CONTINUED*

QUESTION	YES	NO
F3 Does your organisation act as agent of a health fund or general insurer when organising health insurance or HI services for consumers and in doing so act on behalf of one or more health funds or general insurers?		

**2. ADDITIONAL DISCLOSURE REQUIREMENT FOR AGENTS**

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
F4 Do you instruct your staff to inform consumers of: <ul style="list-style-type: none"> <li>• your status as agent;</li> <li>• the fact that you are acting for the health fund/s or general insurer/s; and</li> <li>• the nature of your association.</li> </ul>			

QUESTION	YES	NO
F5 Does your organisation act as a broker and therefore as agent of consumers when organising health insurance or health insurance services for consumers?		

**3. ADDITIONAL DISCLOSURE REQUIREMENT FOR BROKERS ACTING AS AGENT OF INSURED**

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
F6 Do you instruct your staff to inform consumers of: <ul style="list-style-type: none"> <li>• your status;</li> <li>• the company you are representing; and</li> <li>• the corporate entity for whom we are acting of any associations between us and Private Health Insurers and/or general insurers.</li> </ul>			

QUESTION	YES	NO
F7 Does your organisation act as a corporate broker on behalf of organisations wishing to offer health insurance or health insurance services for their employees?		

**4. ADDITIONAL DISCLOSURE REQUIREMENT FOR CORPORATE BROKERS OPERATING ON BEHALF OF ORGANISATIONS WISHING TO OFFER HEALTH INSURANCE PRODUCTS TO EMPLOYEE**

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
F8 Do you instruct your staff to inform your principal of your status?			

## PART F CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

We, the persons responsible for development of the process, implementation and monitoring of Part F: Disclosure, certify that documentation referred to above has been sighted and the information provided is correct and consistent with our responsibilities under the PHII Code of Conduct which was reviewed by us when answering these questions.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

### LEVEL 1 MEMBERS

I am responsible for development of the process, implementation and monitoring of Part F: Disclosure, and certify that documentation referred to above has been sighted and the information provided is correct.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## PART G PRIVACY

### 1. AUSTRALIAN PRIVACY PRINCIPLES

Where appropriate, please identify all relevant documentation to support your statement.

QUESTION	YES	DOCUMENT/S IDENTIFICATION	NO
<b>G1</b> Has your organisation formulated and published its own Privacy Policy?			
<b>G2</b> Is your privacy policy available to the general public in: • written form; and • electronic form?			
<b>G3</b> Is reference to your privacy policy contained in your: • product brochures; and • website; and • consumer outlets if they exist?			



## PART G CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

We, the persons responsible for development of the process, implementation and monitoring of Part G: Privacy, certify that documentation referred to above has been sighted and the information provided is correct and consistent with our responsibilities under the PHII Code of Conduct which was reviewed by us when answering these questions.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

### LEVEL 1 MEMBERS

I am responsible for development of the process, implementation and monitoring of Part G: Privacy, and certify that documentation referred to above has been sighted and the information provided is correct.

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

Name of Fund:

The following information provides additional detail to that provided via each question in this Self-Audit. Information can either be entered via each question or via this Summary.

Please ensure a policy identifier such as a policy number or code that your fund uses to identify documents together with a suitable description or document heading appears in the first two lines. You may then include further information to describe or explain your submission. The maximum size for any one question for the copy to remain 'visible' for printing for each section is up to 580 characters including spaces.

**PART B: DISPUTE RESOLUTION PROCEDURES IN RELATION TO THE CODE**

B1

B2

B3

B4

B5

B5-1

B6

B7

B7-1

B8

B9

**PART B: CERTIFICATION**

**LEVEL 2 AND 3 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO & EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S			
Monitoring			

**LEVEL 1 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## **PART C: EMPLOYEES**

C2

C2-1

C2-2

C2-3

C2-4

C3

C4

C5

C6

C6-1

C6-2

C6-3

C6-4

C6-5

C6-6

C6-7

C7

C7-1

C7-2

C8

C9

C10

C10-1

C11

C11-1

C12

C13

C14

C15



C16

C17

## **PART C: CERTIFICATION**

### **LEVEL 2 AND 3 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

### **LEVEL 1 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

**PART D: RESPONSIBILITIES**

D1

D1-1

D1-2

D1-3

D1-4

D1-5

D1-6

D1-7

D1-8

D2

D3

D4

D5

D5-1

D5-2

D5-3

D5-4

D5-5

D5-6

D5-7

D5-8

D5-9

D5-10

D6

D7

D9

D10

D11

D12

D14

D14-1

D14-2

D14-3

D14-4

D14-5

D14-6

D16

D16-1

D16-2

D16-3

## PART D: CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO & EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S			
Monitoring			

### LEVEL 1 MEMBERS

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## PART E: TRAINING AND ACCREDITATION

E1

E2



E3

E4

E5

E6

E6-1

E6-2

E6-3

E6-4

E7

**PART E: CERTIFICATION**

**LEVEL 2 AND 3 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
<b>NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO &amp; EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S</b>			
Monitoring			

**LEVEL 1 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## **PART F:** DISCLOSURE

F1

F1-1

F1-2

F1-3

F2

F2-1

F2-2

F2-3

F4

F4-1

F4-2

F6

F6-1

F6-2

F8

**PART F: CERTIFICATION**

**LEVEL 2 AND 3 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO & EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S			
Monitoring			

**LEVEL 1 MEMBERS**

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		

## **PART G: PRIVACY**

G1

G2

G2-1

G3

G3-1

G3-2

## PART G: CERTIFICATION

### LEVEL 2 AND 3 MEMBERS

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	NAME/S OF RESPONSIBLE OFFICER/S	SIGNATURE/S
Development			
Implementation			
NOTE: MONITORING OFFICER/S MUST BE DIFFERENT TO & EITHER SENIOR TO OR INDEPENDENT OF IMPLEMENTATION OFFICER/S			
Monitoring			

### LEVEL 1 MEMBERS

FUNCTION	POSITION OF RESPONSIBLE OFFICER/S	SIGNATURE
Principal/Director		
Others involved		



Private  
Health  
Insurance  
Intermediaries  
Association

ABN 74 101 168 692

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Level 40, 140 William Street

Melbourne Victoria 3000 Australia

+61 3 9229 3896

[www.phiia.com.au](http://www.phiia.com.au)