

## Standard Rate Card

### 1. Fees

For all policies except Gold Hospital policies:

For each Referred Policyholder, CTM is entitled to a fee of 25% of the First Year Premium (**First Year Fee**) to be paid by the Health Fund in the calendar month after the Join Date. If the Referred Policyholder remains a member of the Health Fund for 12 months, then CTM is also entitled to a further fee of 6% of the Second Year Premium (**Second Year Fee**) to be paid by the Health Fund in the 13<sup>th</sup> calendar month after the Join Date, provided that the present value of CTM's fees will be capped each month at 27.75%.

CTM offers a rebate to a Health Fund where the Health Fund takes steps to reduce cancellations which would otherwise result in a Clawback being applied to CTM. This rebate is calculated in the same manner for all Health Funds.

Gold Hospital policies, whether alone or in combination with Extras cover:

For each Referred Policyholder who acquires a Gold tier policy, whether standalone or in combination with another product, CTM is entitled to a fee which is negotiate on a case by case basis with each Health Fund.

### 2. Clawback

If a Referred Policyholder ceases to be a member of the Health Fund within 90 days after their Join Date, then CTM will refund to the Health Fund a proportion of any First Year Fee paid by the Health Fund in respect of that Referred Policyholder (**Clawback**), calculated as follows:

<i>Proportion of First Year Fee to be refunded</i>	<i>Numbers of days after the Join Date that they cease to be a member of the Health Fund</i>
100%	30 days or less
50%	31 days to 60 days
25%	61 days to 90 days

Clawback periods for Gold tier policies may vary.

### 3. GST

All amounts referred to in this Standard Rate Card exclude any GST that may apply and are to be paid by recipient-created tax invoice (**RCTI**). The standard GST clause in the Agreement contains further GST details including requirements for RCTIs.

### 4. Definitions

In this Standard Rate Card:

- a) **Discount** means a discount off the premium offered to customers by the Health Fund.
- b) **First Year Premium** means, for a particular Referred Policyholder, the monthly price shown in the SIS applicable to their PHI policy on their Join Date, multiplied by 12 less any applicable Discount. For clarity, such monthly price is to be adjusted upward for any applicable LHC but not downward for any applicable PHI rebate.
- c) **Join Date** means the date of the first successful payment by a Referred Policyholder to the Health Fund for their new PHI policy.
- d) **LHC** means Lifetime Healthcover Loading.
- e) **PHI** means private health insurance.
- f) **Referred Policyholder** means a person who, via the CTM website or call centre, completes a PHI application to become a member of the Health Fund.

- g) **Second Year Premium** means, for a particular Referred Policyholder, the monthly price shown in the SIS applicable to their PHI policy on the first anniversary of their Join Date, multiplied by 12 less any applicable Discount. For clarity, such monthly price is to be adjusted upward for any applicable LHC but not downward for any applicable PHI rebate.
- h) **SIS** means, for a particular PHI policy, the Standard Information Statement available on [www.privatehealth.gov.au](http://www.privatehealth.gov.au) that corresponds to that policy.