

HRF 520.0: Responsible Persons Information

This form is approved and made under section 172 of the Act and paragraph 58 of CPS 520. For the purposes of this approved form, terms defined in the Instruction Guide have the same meaning in this approved form. The relevant legislation for this approved form is Prudential Standard CPS 520 Fit and Proper (CPS 520), Private Health Insurance (Prudential Supervision) Act 2015 (Act) and Private Health Insurance (Prudential Supervision) Rules 2019 (Rules)

Australian Business Number	Institution Name

Reporting Period	Scale Factor
Ad hoc, Annual	

Reporting Consolidation

1. Address details

1.1. Registered address of the entity

Address Line 1
Address Line 2
Suburb

	State		
	Postcode		

1.2. Postal address for correspondence of the entity

Address Line 1
Address Line 2
Suburb

	State		
	Postcode		

1.3 States in which the entity operates

NSW	ACT	QLD	VIC	WA	SA	NT	TAS
Y	Y	Y	Y	Y	Y	Y	Y
N	N	N	N	N	N	N	N

1.4 Telephone

Telephone 1
Telephone 2

1.5 Email and website address

Email Address
Web Address

2. Responsible persons information

2.1. Existing responsible persons (i.e. directors, executive officers and senior managers)

Title (1)	Given names (2)	Family name (3)	Former name(s) (4)	Date of birth (5)	Phone (6)	Email (7)	Type of responsible person (8)	Position title (9)	Main responsibilities (10)	End date (11)	Notification that person is no longer Fit and Proper (12)	Assessed under Fit and Proper policy (13)
							Director Executive officer: CEO Executive officer: CFO Other executive officer Senior manager Other responsible person				Y N	Y N I

2.2. New responsible persons (i.e. directors, executive officers and senior managers)

Title (1)	Given names (2)	Family name (3)	Former name(s) (4)	Date of birth (5)	Phone (6)	Email (7)	Type of responsible person (8)	Position title (9)	Main responsibilities (10)	Start date (11)	Assessed under Fit and Proper policy (12)
							Director Executive officer: CEO Executive officer: CFO Other executive officer Senior manager Other responsible person				Y N I

3. External auditor details

3.1. Existing appointed auditor

Title (1)	Given names (2)	Family name (3)	Date of birth (4)	Phone (5)	Email (6)	Position title (7)	End date (8)	Notification that person is no longer Fit and Proper (9)	Audit firm (10)	ABN (11)	Assessed under Fit and Proper policy (12)
								Y N			Y N I

3.2. New appointed auditor

Title (1)	Given names (2)	Family name (3)	Date of birth (4)	Phone (5)	Email (6)	Position title (7)	Start date (8)	Assessed under Fit and Proper policy (9)	Audit firm (10)	ABN (11)
								Y		
								N		
								I		

4. Actuary details

4.1. Existing appointed actuary

Title (1)	Given names (2)	Family name (3)	Date of birth (4)	Phone (5)	Email (6)	Position title (7)	End date (8)	Notification that person is no longer Fit and Proper (9)	Organisation name (10)	ABN (11)	Assessed under Fit and Proper policy (12)	Qualifications and experience provided to APRA (13)
								Y			Y	Y
								N			N	N
								I			I	

4.2. New appointed actuary

Title (1)	Given names (2)	Family name (3)	Date of birth (4)	Phone (5)	Email (6)	Position title (7)	Start date (8)	Assessed under Fit and Proper policy (9)	Organisation name (10)	ABN (11)	Qualifications and experience provided to APRA (12)
								Y			Y
								N			N
								I			I

5. Billing contact information

Title (1)	Given names (2)	Family name (3)	Position title (4)	Phone (5)	Email (6)	Fax (7)	Preference to receive invoice via mail, email, fax (8)
							MAIL
							FAX
							EMAIL

Address for billing:

Address Line 1
Address Line 2
Suburb

	State		Postcode

6. Crisis management contact details

6.1. Primary crisis management contact

Title (1)	Given names (2)	Family name (3)	Position title (4)	Mobile phone (5)	Direct phone (6)	Email (7)

6.2. Secondary crisis management contact

Title (1)	Given names (2)	Family name (3)	Position title (4)	Mobile phone (5)	Direct phone (6)	Email (7)

Recovery site phone number