

Abbreviated T&Cs

New members only. Visit cbhs.com.au/exclusive and register during 11 – 27 November 2022, and join Hospital and Extras between 11 November and 31 December 2022 to get all waiting periods waived on Extras and choice of additional reward:

- (i) iChoose prepaid Visa card after third month – value corresponds to product and membership type (Prestige (Gold) package or policy including Comprehensive Hospital (Gold): \$500 for family or couple membership, \$300 for sole parent or single; other products: \$300 for family or couple, \$150 for sole parent or single); OR
- (ii) 6 weeks free cover (applied after third month).

If join online via CBHS website during 11 – 27 November 2022, also receive \$100 iChoose prepaid Visa card (after third month). 1 entry per new policy. Policy must be held for 3 months and be paid up to date. Full T&Cs here.

CBHS Health Fund Limited November Blitz 2022 Promotion Terms and Conditions

Eligible Entrant Residency Age Special Conditions	Australia 18+ years old Eligible Member; and Not a member of CBHS in the last 12 months.								
Entry Process	<p>Eligible Entrant must:</p> <ol style="list-style-type: none"> 1. go to: <ul style="list-style-type: none"> (a) http://www.cbhs.com.au/exclusive and register their details during 11 – 27 November 2022; or (b) http://cbhs.com.au/ and join on an Eligible Policy online via the CBHS website during 11 – 27 November 2022; and 2. join on an Eligible Policy which starts during 11 November and 31 December 2022. Eligible Entrants who join CBHS via its website (step 1(b) above) will also receive a \$100 iChoose prepaid Visa card; and 3. follow any direction by CBHS regarding the membership process. <p>For the avoidance of doubt, adding a dependant to an existing policy does not render the dependant or main policyholder an Eligible Entrant.</p>								
Entry Limit	One (1) per new policy								
Promotion Period	Start Date: 11 November 2022 at 12am AEDT End Date: 27 November 2022 at 11:59pm AEDT								
Gift	<p>Choice of:</p> <ul style="list-style-type: none"> • iChoose prepaid Visa card as set out below, plus all waiting periods waived on Extras cover: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;">Eligible Policy</th> <th style="text-align: center;">Membership type</th> <th style="text-align: center;">iChoose prepaid Visa cards value</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="vertical-align: top;">Prestige (Gold) package or includes Comprehensive Hospital (Gold)</td> <td style="vertical-align: top;">Family or Couple</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • \$500 after third month of Eligible Policy. </td> </tr> <tr> <td style="vertical-align: top;">Sole Parent or Single</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • \$300 after third month of Eligible Policy. </td> </tr> </tbody> </table>	Eligible Policy	Membership type	iChoose prepaid Visa cards value	Prestige (Gold) package or includes Comprehensive Hospital (Gold)	Family or Couple	<ul style="list-style-type: none"> • \$500 after third month of Eligible Policy. 	Sole Parent or Single	<ul style="list-style-type: none"> • \$300 after third month of Eligible Policy.
Eligible Policy	Membership type	iChoose prepaid Visa cards value							
Prestige (Gold) package or includes Comprehensive Hospital (Gold)	Family or Couple	<ul style="list-style-type: none"> • \$500 after third month of Eligible Policy. 							
	Sole Parent or Single	<ul style="list-style-type: none"> • \$300 after third month of Eligible Policy. 							

	<table border="1"> <tr> <td>Other Hospital and Extras cover</td> <td>Family or Couple</td> <td> <ul style="list-style-type: none"> \$300 after third month of Eligible Policy. </td> </tr> <tr> <td></td> <td>Sole Parent or Single</td> <td> <ul style="list-style-type: none"> \$150 after third month of Eligible Policy. </td> </tr> </table>	Other Hospital and Extras cover	Family or Couple	<ul style="list-style-type: none"> \$300 after third month of Eligible Policy. 		Sole Parent or Single	<ul style="list-style-type: none"> \$150 after third month of Eligible Policy.
Other Hospital and Extras cover	Family or Couple	<ul style="list-style-type: none"> \$300 after third month of Eligible Policy. 					
	Sole Parent or Single	<ul style="list-style-type: none"> \$150 after third month of Eligible Policy. 					
	<p style="text-align: center;">OR</p> <ul style="list-style-type: none"> 6 weeks free cover (applied after third month), plus all waiting periods waived on Extras cover. <p>Eligible Entrants who join CBHS via its website during 11 November – 27 November 2022 will also receive a \$100 iChoose prepaid Visa card (sent after third month of Eligible Policy).</p>						
Definitions	<p>Commonwealth Bank of Australia Group means the Commonwealth Bank of Australia, current and former subsidiaries, and Gateway Bank Ltd.</p> <p>Eligible Policy includes both Hospital and Extras cover.</p> <p>Eligible Member means current and former employees, contractors and franchisees of the Commonwealth Bank of Australia Group and their eligible family members, including partner, children, siblings, parents and grandchildren: www.cbhs.com.au/are-you-eligible.</p>						
Special Conditions	<p>iChoose prepaid Visa card</p> <ol style="list-style-type: none"> iChoose prepaid Visa card administered by 212F Pty Ltd (ABN 70 106 450 631) will be posted to the address provided by the Eligible Entrant during the Entry Process 3 months after the Eligible Policy starts, provided it is paid up to date. For full iChoose prepaid Visa card terms and conditions, including \$2.50 monthly maintenance fee deducted from available balance of iChoose prepaid Visa card after 6 months, please refer to the user guide posted together with the iChoose prepaid Visa card and visit ichoosегift.mycardplace.com. 						

Further terms and conditions

- Information on how to enter the promotion forms part of the terms and conditions.
- Promoter is CBHS Health Fund Limited (ABN 87 087 648 717) (**CBHS**), 16, 6 Hassall Street, Parramatta NSW 2150, email: cbhslive@cbhs.com.au, telephone: 1300 136 796.
- Management, directors, employees and contractors of CBHS, its related entities, and agencies associated with this promotion are ineligible to enter.
- Not available with any other offer.
- To be eligible to claim a Gift, Eligible Entrant must hold both Hospital and Extras cover continuously for three (3) months from its start date and it must be paid up to date.
- Gift is not transferable or exchangeable and cannot be taken as cash.
- If a Gift (or any part thereof) becomes unavailable, CBHS reserves the right to substitute it with another gift of equal value and/or specification at its absolute discretion.
- CBHS reserves the right to amend the terms and conditions.
- Privacy Policy and Health Benefit Fund Rules available at www.cbhs.com.au apply.
- CBHS may contact entrants with direct marketing communications. You can unsubscribe at any time.
- In the event of a dispute, the Promoter's decision is final and binding on each entrant and no correspondence will be entered into.
- The promotion is governed by the laws of New South Wales and each entrant submits to the non-exclusive jurisdiction of the courts of New South Wales.