The Premium Support Scheme 2026
Request form

Avant
By doctors for doctors

It is important that you fully understand the terms and conditions of the scheme before completing this form.
You have until 31 January 2027 to submit a request to participate in the Premium Support Scheme (PSS) for 2026.

1. Your personal details

Member ID	
Full name	
Address	

2. Medicare details

Is your name shown above exactly as it appears on Medicare's records? If **NO**, how is it recorded by Medicare? ☐ Yes ☐ No

What is your Medicare provider number?
This number appears on your Medicare accounts and receipts, or can be obtained from Medicare Australia on 132 150. If you have more than one provider number, please give ONE only here.

3. Rural area practice

Are you a procedural general practitioner practising in an area classified as a Modified Monash Model (MMM) 3-7 by the Department of Health? ☐ Yes ☐ No

If you answered **YES** to the above, do you perform any cosmetic procedures? ☐ Yes ☐ No

If **YES**, please state your private billings for cosmetic procedures.

If you need further information about MMM classifications or your cosmetic work, please contact our Member Services team on 1800 128 268.

4. Public sector practise

Do you practice in the public sector, with indemnity provided by a public sector organisation? ☐ Yes ☐ No
Please do **NOT** include your billings from public work in your estimated income at question 6.

5. Your estimated private billings

What do you estimate your private billings will be from your provision of private medical services for the policy period 1 January 2026 to 31 December 2026.
Please give a dollar amount, not a range or band limit.

6. Medical indemnity insurance with other insurers

Will you hold insurance with any other insurer or medical defence organisation during the period 1 January 2026 to 31 December 2026? If **NO**, go to question 7. ☐ Yes ☐ No

Will you pay that insurer a premium for run-off cover within the period 1 January 2026 to 31 December 2026? If **NO**, go to question 7. ☐ Yes ☐ No

Please give details

Insurer name	
Annual premium	(excluding GST and stamp duty)

7. Overpaid Premium Support Scheme subsidy owed to other insurers

Have you been overpaid a Premium Support Scheme subsidy in a previous premium period and not yet repaid the insurer? ☐ Yes ☐ No

Please turn overleaf

8. Working overseas

Are you going to practise as a doctor outside Australia for a total of six months or more (including holiday and sick leave) during the 2026 premium period? ☐ Yes ☐ No

9. Declaration

Your signature below is your confirmation of each of the following: I wish to participate in the Premium Support Scheme for 2026, and I understand and agree to the terms and conditions of the scheme set out in the Premium Support Scheme Terms and Conditions effective 1 July 2020 booklet.

I am aware and understand that if I do not continue to meet my obligations under the scheme I will cease to be eligible for any subsidy granted to me under the scheme.

I declare that the information I have given on this form is true and correct.

Print name			
Signature		Date	

Please email this form to **memberservices@avant.org** or contact us on **1800 128 268**