



**MIPS**

## Extended Reporting Period (ERP) Membership Category Request Form

Please complete the following and return to MIPS by Post, Fax or Email using contact details above.

### Member's Details

Title:		Surname:		First Name:	
Date of Birth:	/ /	Gender:	M / F	MIPS Member No:	
Address Line 1:					
Address Line 2:					
City:		State:		Postcode:	
Contact Phone:	( )	Email:			

**Authority Details** (Following details are required only when an individual has the necessary legal authority (e.g. as Executor) and is applying on behalf of a Member.)

Title:		Surname:		First Name:	
In what capacity are you acting (e.g. Executor/Power of Attorney):					
Address Line 1:					
Address Line 2:					
City:		State:		Postcode:	
Contact Phone:	( )	Email:			

### Practice Cessation Details

I intend to cease practice:	Permanently / Temporarily (>12months)
Reason for the cessation of practice (eg. Retirement, death):	
Date your practice ceased or Date of death of the practitioner:	/ /
I would like to receive an estimate for a MIPS ERP Membership Category:	Yes / No
I would like to request cover for Gratuitous Services:	Yes / No

### Important notes

**If you are temporarily ceasing practice you should notify MIPS prior to recommencing your practice. If you are ceasing practice for less than 12 months, please contact MIPS.**

**Cover under your ERP membership will commence from the cessation date specified above.**

**If you are representing a deceased estate please ensure that this form is accompanied by a copy of the Death Certificate. You must also notify MIPS when the deceased estate has been finalised.**

**Privacy Statement** The information requested on this form is required by Medical Indemnity Protection Society Ltd (MIPS), for its business operations. The information may also be accessed by, insurance brokers, insurers, lawyers, information technology providers, management service providers and others, but only as necessary for the business operations of MIPS. MIPS will only forward information to State and Federal Government departments as legally required.

I have read the enclosed information regarding Extended Reporting Period (ERP) Membership.  
Signature of the practitioner or legal representative.

Signature:		Date:	/ / 20
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