



## Collective bargaining class exemption notice form

### 1. Who is in the collective bargaining group?

Describe or list the current members of the group and those who may join the group in the future.

If you have a small group that will not change, you can list the names of all members.

If you expect to add new members over time, you should provide a **general description of the members of the group**. For example: *A group of dairy farmers in the Manning Valley area in New South Wales.*

A group of small and independent private hospitals. Small means annual turnover less than \$10 million per annum, and generally with no or few overnight beds. Independent means not owned by a hospital operator group with more than three distinct hospital facilities.

### 2. Who does the group propose to collectively bargain with?

If you intend to negotiate with just one particular target business, or a small number of known target businesses, you can list the names of each target business.

If you do not yet know all the businesses or organisations you will bargain with (e.g. your group will run a tender) or you expect to add new target businesses over time, you should provide a **general description of the type of target businesses the group intends to collectively bargain with**. For example: *Dairy processing companies.*

The group intends to collectively bargain with Private Health Insurers or their collective bargaining agents. These are:

- Medibank Private Ltd
- Bupa HI Pty Ltd
- The Hospitals Contribution Fund of Australia Ltd
- HBF Health Ltd (for WA hospitals only)
- Australian Health Services Alliance Ltd
- Australian Regional Health Group Ltd
- Honeysuckle Health Pty Ltd

### 3. What does the group propose to collectively bargain about?

Describe the goods or services that the group proposes to bargain about with the target businesses. For example: *Supply of raw milk.*

The group intends to negotiate about the terms and conditions of the supply of hospital services (such as the staff, facilities and supplies to enable specialists to undertake surgical procedures) to patients who hold a private health insurance policy with a private health insurer.

### 4. Contact details

A person the ACCC can contact in relation to the collective bargaining arrangements. This can be any member of the group or a nominated representative who is able to provide the ACCC with further

information about the group if required. The contact person's name, telephone number, email address and signature will be redacted when the ACCC places this notice on its public register.

Please advise the ACCC as soon as possible if the contact person, or their details, change.

Contact person (name and, if relevant, position):	[REDACTED]
Telephone number:	[REDACTED]
Email address:	[REDACTED]
Signature of contact person:	[REDACTED]
Date:	11/06/2024