



OVERSEAS VISITORS MEMBERSHIP APPLICATION

Health Insurance Fund of Australia Ltd
ACN 128 302 161
An Australian public company limited by guarantee
A registered private health insurer

60-62 Stirling St, PERTH WA 6000
HIF, GPO Box X2221, PERTH WA 6847
Phone: 1300 13 40 60 Fax: (08) 9228 4058
E-mail: join@hif.com.au Web: hif.com.au

Date Cover is to commence (dd/mm/yy):

A. PRIMARY MEMBER DETAILS

Title Given Name: Surname

Address

Suburb State Postcode Birth Date (dd/mm/yy)

Home Work Mobile

Email

ONLINE MEMBERSHIP ACCESS Yes Preferred method of contact: Post Email SMS

By ticking the yes box and providing your email address, we will create your online access to the members centre on the HIF website. This will allow you to view and change details of your membership 24 hours a day. If you do not want this setup, leave the box blank.

B. ALL OTHER PERSONS TO BE COVERED

Title	First Name	Second Name	Surname	DOB	Relation to Member	M/F

Note: Dependants aged of 21-24 must be full time students to be covered by this policy, please indicate tertiary institution for any persons aged 21-24 listed above. 1st 2nd

C. TRANSFERRING FROM ANOTHER FUND

• If you are transferring from another health fund, HIF can arrange to cancel your existing membership. If you and your partner are transferring from separate health funds, you will each need to complete a transfer request. Forms can be found at www.hif.com.au

Title Full Name: Surname

Current Health Fund Member No.

Please be advised I wish to cancel my membership from (dd/mm/yy)

Please provide information to HIF about: Myself My partner My dependents

Signature

Date: (dd/mm/yy)

D. TYPE OF COVER

Hospital and Medical Cover

Excess Options

Comprehensive Nil 500

Intermediate Nil

Essentials Nil

Ancillary Cover

Top with Extras

Premium

Top

Super

Intermediate

Special

Basic

Saver

F. DIRECT DEBIT

Step 1 Payment method (Choose one only)

Please debit my bank account

Please debit my credit card

Send me a periodical statement

Step 2 Membership activation (payment of 1 months premium is required to activate your membership)

Use my Credit card to activate (complete below)

Cheque enclosed

Money order enclosed

Step 3 Payment frequency

Fortnightly (*Direct Debit Only*) Monthly Quarterly Six Monthly Annually

Preferred date for direct debits: (you can alternatively choose a day of the week)

Step 4 Financial Details (When choosing credit card to activate and account to direct debit please complete both fields)

Account

Institution:

BSB Number: -

Account No.:

Account Name:

Credit Card

Type:

Card Number:

Expiry:

Name on Card:

Please contact the fund for any payroll enquiries.

DECLARATION

Where direct debit is chosen, I/we have read the Direct Debit Service Agreement (as found on www.hif.com.au) and agree to its terms. This request is to remain in force until cancelled, deferred or otherwise altered in accordance with the terms of the Direct Debit Service Agreement. The information provided in this form will be used in accordance with HIF's privacy policy. By supplying my address, telephone and email address, I agree that HIF can use these to keep me updated on my membership and any future products, until such time as I tell HIF otherwise.

I declare that all details are true and correct and agree to be bound by the rules of HIF. I understand the Pre-Existing Ailment Rule, Waiting Periods and Benefit Limitations may be applied to my membership. I declare that students aged 21 to 25 years on this membership are attending a full-time course. I certify that any dates of birth shown on this form are correct. I understand if a date of birth has been stated incorrectly and this resulted in incorrect premiums being paid, HIF reserves the right to deduct the additional premium from the next claim benefit entitlement or to adjust my next payment amount.

Signature

Referred by

Date: (dd/mm/yy)

Member No.

SPOUSAL/AGENT AUTHORITY

(If not listed on application) - Name Birth Date (dd/mm/yy)

I authorise the person identified to make changes or alterations to my HIF membership and claim for benefits on my behalf.