

# Payroll Deduction & Cancellation



Please use BLOCK letters and write in black pen. Complete Sections A and B, then either C or D.

## A. Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

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## B. Payroll details

Note: Payroll deductions are not available to every employer. Please check with HIF for availability.

Employee name:

Payroll ID:

Employer name:

Employer address:

Suburb:

State:

Postcode:

Branch location:

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## Change of primary member details

In order to be eligible for the corporate Direct Debit discount, the member must be the primary policyholder of the HIF membership. If your HIF policy is currently in your spouse/partner's name, please have them complete and sign the declaration below.

Title:

First name:

Surname:

Telephone:

Mobile:

Email:

### Declaration

I, the undersigned acknowledge that the NEW primary Member hereby takes on all the responsibilities of this membership. I continue to hold authority to make changes or claim on this membership.

Signature of previous primary Member:

Date:

Type your full name here to sign electronically.

# Payroll Deduction & Cancellation

## C. Deduction Authority

I hereby authorise and request you to arrange deductions from my salary/wages:

Yes          No

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## D. Deduction cancellation

I hereby authorise HIF to cancel the payroll deduction authority held in my name and request that the cancellation is to take effect from the next applicable pay period.

**or**

As I have left this Employer my deduction will automatically cease on Pay Ending:

Date:

## New method of Payment

**Direct Debit** from my Financial Institution or Credit Card

Preferred payment frequency:

Fortnightly      Monthly      Quarterly      Half-yearly      Annually

BSB:

Account No:

Account Name:

**Manual Invoice**

Preferred payment frequency:

Monthly      Quarterly      Half-yearly      Annually

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## Declaration

I declare the information above is true and correct and that I will immediately notify the Fund if this information changes.

Signature:

Date:

Type your full name here to sign electronically.

*Once you have completed the form, please email it to us at [hello@hif.com.au](mailto:hello@hif.com.au) or mail to HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847*

## Privacy Collection Statement

At HIF we comply with the *Privacy Act 1988* to ensure that your personal (including sensitive) information is protected. HIF collects your personal (including sensitive) information to provide you with private health insurance services. If you choose not to share this information with us, we may not be able to provide you with such services. To perform private health insurance services, such as paying benefits, HIF may disclose your personal information to persons or organisations within Australia.

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