

Switching Funds



Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

Member details of your/their existing health fund

If you, or someone you are adding, are transferring from another health fund, HIF can arrange to cancel your/their existing membership on their/your behalf. Simply complete the section below and return to us. If you and your partner are transferring from separate health funds, you will each need to complete a transfer request.

Please Note:

- Waiting periods you have served with your current fund will be recognised if you join an equivalent or lower level of cover within two (2) months of ceasing cover with that fund.
- Claims for services rendered up to your cancellation date will be paid by your previous fund. HIF will accept claims serviced after your joining date, with benefits being paid once your Clearance Certificates have been received from your previous fund.

This section will be sent to your current fund.

Title:

First name:

Surname:

Current Health Fund:

Member No:

Please be advised I wish to cancel my membership from the date:

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

Signature of person requiring transfer:

Date:

Type your full name here to sign electronically.

Note: HIF requires a minimum of twelve (12) months claims history and previous health insurance cover.

Information correct as at 27 Mar 2025

To be completed by your partner if they are joining HIF from a different fund other than above.

Title:

First name:

Surname:

Current Health Fund:

Member No:

Please be advised I wish to cancel my membership from the date:

This will necessitate the cancellation of all payment arrangements pertaining to this cover. If applicable, any refund of contributions paid in advance of the cancellation date should be sent to the member named above. The Interfund Clearance Certificate should be forwarded to: HIF, Whadjuk Country, GPO Box X2221, PERTH WA 6847.

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

Signature of person requiring transfer:

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 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.

HIF collects, uses, and discloses your personal information in accordance with our Privacy Policy and the Private Health Insurance Collection Statement at hif.com.au/privacy which explains how HIF handles your personal information. This includes information on acknowledgement and consent, how we may collect, use and share your personal information, how to access your personal information and correct it when it is wrong, and how to make a privacy related complaint and how we will respond to it.

If you would like a copy of our Privacy Policy, need more information, or have a privacy concern, you can call **1300 134 060**, email privacyofficer@hif.com.au, or mail HIF's Privacy Officer at GPO Box X2221, Perth WA 6847.