

Membership Variation Form



Current primary member details

Member number:

Title:

First name:

Surname:

Date of birth:

Add or delete members

Add / Delete

First name:

Title:

Surname:

Date of birth:

Email:

Telephone:

Mobile:

Relationship:

My address details are the same as the primary member

Street address:

Suburb:

State:

Postcode:

Is this person a student and older than 21 years?

Yes / No

Name of tertiary institution:

Year applicable for:

Add / Delete

First name:

Title:

Surname:

Date of birth:

Email:

Telephone:

Mobile:

Relationship:

My address details are the same as the primary member

Street address:

Suburb:

State:

Postcode:

Is this person a student and older than 21 years?

Yes / No

Name of tertiary institution:

Year applicable for:

Are all people listed above eligible for full Medicare benefits?

Yes / No

Medicare card number:

Reference number:

Expiry:

Membership Variation Form



Switching funds

Please complete this section if any person being added to this membership is transferring from another health fund:

Members name:

Current health fund:

Member number:

Do you wish to transfer any dependants on your previous policy to HIF too? Yes / No

Lifetime Health Cover loading

Have all people transferring to HIF, who are over 30 years of age held continuous Hospital Cover since their 30th birthday? Yes / No

If the answer is no, you may be subject to the Government's Lifetime Health Cover loading but your previous fund will confirm this when we receive your information from them.

Spouse/Partner Authority

This Spouse/Agent authority allows for a nominated person to access personal information about your membership and claim on your behalf in accordance with the current *Privacy Act*.

Spouse/Partner details

Title:

First name*:

Surname*:

Date of birth*:

Email*:

Telephone:

Mobile:

Declaration

I hereby give authority for the person named above to make any changes or alterations to my HIF membership on my behalf, and claim for benefits on my behalf. However, there is no provision for cancellation of this membership by the Spouse / Partner named above. By signing this authority, I declare that the above information is true and correct and that the above membership is in my name. I understand that consenting will allow the above-nominated agent to make any changes that the contributor is allowed to make in accordance with HIF Fund Rules. However, there is no provision for cancellation of this membership.

I give my spouse or partner authority to make changes on our membership. Yes

*denotes mandatory field for ID checks

Membership Variation Form



Change of cover type

Choose hospital cover

Gold Top

750/1500

Silver Plus

200/400 500/1000 750/1500

Silver

200/400 500/1000 750/1500

Bronze Plus

200/400 500/1000 750/1500

Bronze

200/400 500/1000 750/1500

Basic Plus

500/1000 750/1500

Choose extras cover

Top Extras

Simple Extras

Advanced Extras

Value Extras

Essential Extras

Basic Extras

Choose packaged cover

Bronze Plus Simple Choice

750/1500

Basic Starter

750/1500

Overseas visitor hospital & medical cover

Working visa cover

Comprehensive

No excess 500/1000

Intermediate

No excess

Essentials

No excess

Basic

500/1000

Non-working visa cover

Visitor Saver

250/500

If your current product is not listed it may be closed.

If you're on a closed product, you're able to stay on it but if you decide to leave the product, you won't be able to return to it.

Please contact us to discuss your options.

Change of payment method

Payment frequency

Fortnightly

Monthly

Quarterly

6 monthly

Yearly

Payment method

Direct debit*

Payroll Deduction

Invoice

**Direct debit is only available for fortnightly payment. If changing to Direct debit you will also need to fill in a Direct debit application form at www.hif.com.au/health-insurance/forms-library*

What date do you wish this change to be effective?

Membership Variation Form



Declaration

I declare that all details are true and correct and agree to be bound by the rules of HIF. I understand the pre-existing condition rule, waiting periods and benefit limitations may be applied to my membership*. I declare that students aged 21 – 31 years on this membership are attending a full-time course of study and are not married or in a defacto relationship. I certify that any dates of birth shown on this form are correct. I understand if a date of birth has been stated incorrect 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.

I have read and understood the above declaration and variation information.

Yes

Signature:

Date:

**Please refer to the Health Cover Guide at hif.com.au for more information regarding the pre-existing condition rule, waiting periods and benefit limitations*

Information correct as at 31 March 2025

Once you have completed the form, please email it to us at hello@hif.com.au or mail to Claims Department, Health Insurance Fund of Australia 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.