

Direct Debit Discount Request



HF Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

Employer details

Employer name:

Employee payroll number:

Declaration

- I declare that the above information is true and correct and that I will immediately notify HIF if this information changes.
- I acknowledge that my employer has negotiated a corporate discount with HIF that will cease upon termination of my employment as detailed above, or at the discretion of HIF.
- I agree that HIF will regularly check with my employer to ensure my discount is still applicable.

Signature:

Date:

Type your full name here to sign electronically.

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 current
primary Member

Date:

Type your full name here to sign electronically.

See overleaf if you're not currently paying via Direct Debit and wish to update your bank account details.

