

Payroll Deduction & Cancellation Form



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

A. Member details

Member number:

Title:

First name:

Surname:

Address

Date of birth:

Telephone:

Email:

B. Payroll details

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

Employee name:

Employer name:

Department:

Employer address:

Branch location:

Payer ID:

C. Deduction authority

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

Amount:

Frequency:

Fortnightly

Monthly

HIF table:

Should HIF alter the contribution rate of the table under which I am covered, the amount deducted from my salary/wages is to be varied accordingly.

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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
(Please complete a separate Direct Debit Request or login to hif.com.au/members)

Manual Invoice

Frequency: Monthly Quarterly Half-yearly Yearly

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Declaration - to be completed by the HIF member

I declare the information above is true and correct and will immediately notify the Fund if this information changes. I consent to HIF collecting, using or disclosing my personal information for the purposes set out in the HIF Privacy Policy (which can be found at hif.com.au).

Signature:

Date:

Once you have completed the form, please email it to us at hello@hif.com.au or mail to:

Health Insurance Fund of Australia
Whadjuk Country, GPO Box X2221, Perth WA 6847