



CANCELLATION OF MEMBERSHIP

Health Insurance Fund of WA (HIF)
ARBN 128 302 161
An association incorporated in Western Australia
A Registered Private Health Insurer

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GPO Box X2221, PERTH WA 6847
Phone: 1300 13 40 60 Fax: (08) 9328 3345
E-mail: info@hif.com.au Web: www.hif.com.au

Membership Number:

Please use **BLOCK** letters and write in black pen
Complete All Sections

A. MEMBER DETAILS

Title First name Surname

Address

Suburb State Postcode Birth Date (dd/mm/yy)

Home () Work () Mobile

Email

B. CANCELLATION

I understand that my HIF membership will be cancelled from my current financial date

OR

I would like my HIF membership to be cancelled from (dd/mm/yy):
And a refund of any contributions in advance of this date to be forwarded to me.

As I am transferring to another health fund can you please arrange for a Clearance Certificate and Claims History to be sent to:

Name of new health fund:

I hereby authorise the Fund to cancel the above membership, and issue a Clearance Certificate to any future fund.

Signature: _____ Date: (dd/mm/yyyy)

C. MEMBERSHIP CANCELLATION FEEDBACK/COMMENTS

We regret your recent decision to cancel your health insurance policy with us.

We aim to offer the best possible products and services to our members and any decision to cancel a policy is of great concern to us. Therefore, if you could please complete the section below with any feedback or comments this would be greatly appreciated.

Reason for Cancellation:

- | | | |
|---|--|--|
| <input type="checkbox"/> Transferring to another health fund | <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Products/Benefits |
| <input type="checkbox"/> Internal Transfer | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Leaving Australia |
| <input type="checkbox"/> Other (please specify): <input type="text"/> | | |

Comments:

Received Stamp:	Office Use Only			Processed Stamp:
	Refund Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Refund Amount: \$	Authorised by:	



FUND RULES APPLICABLE TO CANCELLATION OF MEMBERSHIP

CANCELLATION OF MEMBERSHIP

Cancellation of your Membership with HIF:

- Must be authorised in writing
- May not have retrospective effect, and
- Must be in accordance with any other arrangements specified by HIF.

Cancellation of a Membership with HIF includes

- A Member may cancel their Membership entirely
- A Member may remove any Dependants from their membership
- The Member's Spouse/Partner or a Dependant aged at least 16 years of age may leave the Membership
- A dependant aged less than 16 years of age may leave the Membership with the agreement of the Member.

Where a Membership has been cancelled HIF has the discretion to reinstate the Membership at the request of the Member, with continuity of entitlements, subject to the payment of all premiums within 7 days of the date the cancellation was processed by HIF.

Refunds of Premiums

HIF may at its discretion refund some or all of the excess premiums after receiving a written request from a former Member. Such a refund will be calculated from the date of receipt of the written request.

Administrative Fees

HIF reserves the right to deduct an administrative charge from any refund at its discretion.