



# AGENT AUTHORITY

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

60 Stirling St, PERTH WA 6000  
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

This Agent authority allows for a nominated person other than those persons covered by this membership to access personal information from your membership and claim on your behalf in accordance with the current National Privacy Legislation.

## B. AGENT'S DETAILS

Title  First name  Surname

Address

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

Home ( )  Work ( )  Mobile

Email

## C. 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 Agent 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. This agent authority will be effective upon receipt by HIF and remain in place until written notification states otherwise.

**Member Signature:** \_\_\_\_\_ Date: (dd/mm/yyyy)

Print Name: First name  Surname

**Agent Signature:** \_\_\_\_\_ Date: (dd/mm/yyyy)

Print Name: First name  Surname

**Witness Signature:** \_\_\_\_\_ Date: (dd/mm/yyyy)

Print Name: First name  Surname

Received Stamp:	Office Use Only			Processed Stamp:
	Agent Details Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Declaration Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised by:	



## **HIF and your privacy**

HIF recognises the importance of keeping the personal information that you entrust to us private and confidential. This form has been compiled to outline how your personal information is handled and the steps taken by HIF to ensure your privacy.

### **What is Privacy?**

From the 21st December 2001, Private sector organisations are required to comply with the National Privacy Principles (NPP's) set out in the Privacy Act 1988. The principles provide a regulatory framework for the collection, use, storage, security and disclosure of personal and sensitive information. Individuals have the right to know what information an organisation holds about them and to have information that is incorrect amended.

### **What information does HIF collect?**

As a member of HIF certain personal information will be required to establish and maintain your policy. This will include information such as your name, date of birth, contact details, dependants, pre-existing ailments, details relating to membership and coverage from your previous health fund and possibly bank/credit card details (depending on your method of payment or claims rebate).

The fund also collects information from medical/ancillary service providers that relate to the ongoing management of your policy and to facilitate the payment of claims.

### **Why does HIF collect certain information?**

The relationship of dependants to the policyholder is collected to verify that they meet the funds definition of a "dependant" and are eligible to be covered under that policy.

Transfer details relating to your previous health fund are collected to ensure that there is continuity of cover and to determine and inform you of your eligibility to benefits, or if waiting periods will apply.

Pre-existing ailment information is collected to enable HIF to inform you accurately of any waiting periods that may apply to your policy.

Credit Card or Bank account details are required if you wish to pay your premium by direct debit or if you wish to have your claims rebate paid directly into your account.

Your Medicare number is collected to enable you to collect the Federal Government 30% rebate. We also require this number for correspondence with the Health Insurance Commission (Medicare) and to process MediGap claims. Your Medicare number is not used for any other purpose.

### **What is the information used for?**

The information that you provide to HIF is used only for purposes that you would reasonably expect in providing you with a health insurance product. Your contact information may be used to notify you of new products or promotions being offered by the fund. If at any time you no longer wish to receive this information you can do so by returning the "opt out" request form that is attached to that information or by contacting our office on 1300 13 40 60. However, we do have an obligation to provide you with certain information in relation to your policy with the HIF.

### **What information does HIF disclose?**

The information that HIF collects from you will be kept strictly confidential and secure at all times. Information will only be disclosed for purposes that you would reasonably expect us to, in order to provide the service for which the information was originally collected. An example of this would be providing verification to a Hospital of your membership if you were having surgery, and the corresponding data flows that would occur between HIF and that Hospital, medical providers and Medicare to settle your account. HIF will not disclose your personal information to third parties, other than when it is a requirement to enable HIF to perform its core business.

Disclosure of personal information may be deemed necessary in some exceptional circumstances such as when there are grounds to believe that the disclosure is necessary to prevent a threat to an individual's health and safety, or for law enforcement purposes.

As part of its business practice, HIF out-sources the production of benefits cheques, rebate statements, annual taxation statements, membership renewals, membership cards and large mailings to members. Where personal information of this nature is disclosed, the third parties will be contracted to HIF to ensure confidentiality.

### **Can I access my personal information?**

Yes, you are entitled to access your personal information that HIF has collected since the 21<sup>st</sup> December 2001, or information that has been reactivated after this date that relates to the period prior to 21<sup>st</sup> December 2001.

If you wish to access your information, please write or email your request to: Health Insurance Fund of WA, GPO Box X2221, Perth WA 6847  
Email: [info@hif.com.au](mailto:info@hif.com.au) Facsimile: (08) 9328 3345

Once your request has been received, we are required to respond within 14 days. There may be a charge associated with retrieving this information depending on the complexity of your request.

### **How do I make a complaint?**

HIF will make every attempt to ensure that your privacy is not breached. However, if you believe that your privacy has been breached, you may lodge a complaint in writing to the address mentioned above and we will endeavour to resolve the issue.

If you believe that we have not resolved the issue, you may refer the matter to the Privacy Commissioner's Office. Director of Compliance, Office of the Federal Privacy Commissioner, GPO Box 5218, Sydney NSW 1042. Email: [privacycommissioner@hushmail.com](mailto:privacycommissioner@hushmail.com)

*The information contained in this form was correct on the 20<sup>th</sup> September 2005. The form will be reprinted if major changes are made. A copy of the HIF Privacy Policy can be found on the HIF internet site: [www.hif.com.au](http://www.hif.com.au) The internet version will be updated whenever changes are made to the policy.*