



PAYROLL / SUPER DEDUCTION & CANCELLATION

Health Insurance Fund of W.A. Ltd (HIF)
ACN 128 302 161
An Australian public company limited by guarantee
A registered private health insurer
60-62 Stirling St, PERTH WA 6000
HIF, 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 Sections A, then either B or C

A. MEMBER DETAILS

Title Given names: Surname:
Address
Suburb State Postcode Birth Date (dd/mm/yy)
Home Work Mobile
Email

I declare the information below is true and correct and that I will immediately notify the Fund if this information changes.

Signature of Member

Date: (dd/mm/yy)

B. PAYROLL OR SUPERANNUATION DETAILS

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

Employee Name
Name of Employer Department
Employer's Address State Postcode
Suburb
Branch / Location Payer ID

SUPERANNUATION DETAILS Available to retirees who are beneficiaries of the 'Government Employees Superannuation Board'

Superannuation No.

C. DEDUCTION AUTHORITY

I hereby authorise and request you to arrange deductions from my salary / wages / superannuation for the amount of:

\$ per HIF table

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

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 (dd/mm/yyyy):

New method of Payment:

Direct Debit from my Financial Institution or Credit Card (Please complete a separate Direct Debit Request)
 Manual Invoice Frequency Monthly Quarterly Six Monthly Annually