



MEMBERSHIP VARIATION

Health Insurance Fund of Australia 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:

A. PRIMARY MEMBER DETAILS

Title Given names: Surname:

Address

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

Home Work Mobile

Email

Preferred method of contact: Post Email

If you wish to nominate a date in the future that these changes will be effective, please specify (dd/mm/yyyy)

B. ADD OR DELETE DEPENDANTS

Please complete Section C in addition to this section if adding a dependant over 30 years of age.

add delete	First Name	Middle Name	Surname	Birth Date (dd/mm/yy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	M/F Relationship to Member	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	If Student and 21+: Name of Tertiary Institution	<input type="text"/>	This declaration applies for the year:	<input type="text"/>

add delete	First Name	Middle Name	Surname	Birth Date (dd/mm/yy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	M/F Relationship to Member	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	If Student and 21+: Name of Tertiary Institution	<input type="text"/>	This declaration applies for the year:	<input type="text"/>

add delete	First Name	Middle Name	Surname	Birth Date (dd/mm/yy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	M/F Relationship to Member	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	If Student and 21+: Name of Tertiary Institution	<input type="text"/>	This declaration applies for the year:	<input type="text"/>

If you wish to add more people, please attach a separate list.

Are all persons listed eligible for FULL Medicare Benefits? Yes No

C. PROOF OF AGE

Under the provisions of the Government's "Lifetime Health Cover" legislation, all premiums for hospital insurance, for persons over 30 years, may be subject to an age loading. When completing your variation to join HIF or add an adult dependant, proof of age is required. Please attach a copy of one of the following documents for all persons over the age of 21 on your policy.

Passport Driver's Licence: Birth Certificate: Proof of Age Card:

D. SPOUSE / PARTNER AUTHORITY

I hereby authorise the person identified as my Spouse or Partner on this variation form 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 Spouse / Partner named.

Member Signature

Date: (dd/mm/yyyy)

FUND RULES APPLICABLE TO VARIATION OF MEMBERSHIP**RULES TO ADD OR DELETE DEPENDENTS****Membership Eligibility: General**

Subject to these Fund Rules, any person currently residing in Australia is eligible to be a Fund Member of HIF.

- A person who is not eligible for Medicare Benefits will not receive Access Gap benefits under HIF Domestic covers
- List only those persons to be added or deleted from your cover.
- If any person listed on this Membership Variation Form is transferring from another health fund please complete Section G: Switching Funds. Transfer details from the previous fund must be held by HIF before any claims can be paid.
From the 1st July 2000 members who join a hospital table will pay an additional 2% of the relevant base rate for each year their age exceeds 30 years, to a maximum of 70%. Those born prior to the 1st July 1934 will be exempt from the additional loading. Where a person is required to pay the higher premium and, because of a lower stated “entry age” than that which should actually apply, HIF reserves the right to take corrective action either by deducting an amount, equal to the additional contributions required or to deduct from the benefit entitlement the additional premium from the next claim, or adjusting the date paid to.
- Proof of age documentation must be attached (ie. photocopy of driver’s licence or passport) for any dependants who are over 21 years of age.
- A Student Declaration Form must be completed for all dependants who are fulltime students, aged between 21 - 25 years of age and unmarried.
- When adding a newborn to a single membership, the member of a single membership has one month from the date of birth of the baby to advise the fund of a transfer to a family membership. The family membership will be backdated to the date of the baby’s birth. The newborn will not be required to serve any new waiting periods.
- If adding a newborn to a family membership, the member has two years from the date of birth of the baby to register the dependant’s details with the fund. The new dependant will not be required to serve any new waiting periods.
- If you are adding a dependant who has been granted permanent Australian Residency and Full Medicare Benefits, documentation to this affect will be required to avoid LHC Loading being applied to the membership. Please note that all persons must be joined within 12 months of receiving permanent status or arriving into the country.

RULES TO AMEND MEMBERSHIP**General Information**

Waiting periods, Benefit Limitations and the Pre-existing ailment rule apply to all new members who join the fund, or upgrade their level of cover. Members who transfer from another registered health fund will not be subject to new waiting periods or benefit limitation periods provided these periods have already been served on an equivalent level of cover with their previous fund. Where a benefit or service is not covered with your previous fund the applicable waiting period will be required to be served with HIF prior to benefits being paid.

A policy document detailing your level of cover selected and the relevant waiting periods, benefit limitation periods and the pre-existing ailment rule will be forwarded to you upon processing your request. HIF recommends that you read these policy documents carefully to ensure you are aware of your entitlements and or applicable waiting periods, benefit limitation periods and the pre-existing ailment rule.

E. CHANGE TYPE OF COVER
Choose your Hospital Cover
Top with Private Room

- | | | |
|--------------------------|-------------------------------|----|
| <input type="checkbox"/> | GoldStar Hospital (No Excess) | H3 |
| <input type="checkbox"/> | GoldStar Excess 200/400 | R3 |
| <input type="checkbox"/> | GoldStar Excess 400/800 | R4 |
| <input type="checkbox"/> | GoldStar Excess 500/1000 | R5 |

Top with Shared Room

- | | | |
|--------------------------|---------------------------|----|
| <input type="checkbox"/> | Gold Hospital (No Excess) | H2 |
| <input type="checkbox"/> | Gold Excess 100/200 | R2 |
| <input type="checkbox"/> | Gold Excess 200/400 | R6 |
| <input type="checkbox"/> | Gold Excess 400/800 | R7 |

Intermediate

- | | | |
|--------------------------|-----------------------------------|----|
| <input type="checkbox"/> | GoldSaver Hospital Excess 200/400 | GS |
|--------------------------|-----------------------------------|----|

Basic

- | | | |
|--------------------------|-------------------------------------|----|
| <input type="checkbox"/> | GoldStarter Hospital Excess 200/400 | GR |
|--------------------------|-------------------------------------|----|

Choose your Ancillary Cover
Top with Extras

- | | | |
|--------------------------|-----------------|----|
| <input type="checkbox"/> | Premium Options | A5 |
|--------------------------|-----------------|----|

Top

- | | | |
|--------------------------|---------------|---|
| <input type="checkbox"/> | Super Options | A |
|--------------------------|---------------|---|

Intermediate

- | | | |
|--------------------------|-----------------|----|
| <input type="checkbox"/> | Special Options | A1 |
|--------------------------|-----------------|----|

Basic

- | | | |
|--------------------------|---------------|----|
| <input type="checkbox"/> | Saver Options | A2 |
|--------------------------|---------------|----|

Overseas Visitors Hospital and Medical

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Overseas Visitors Hospital and Medical (No Excess) | O |
| <input type="checkbox"/> | Overseas Visitors Hospital and Medical Excess 200/400 | OS |

F. CHANGE IN PAYMENT METHOD

Manual Invoice Frequency Monthly Quarterly Six Monthly Annually

Direct Debit from a financial institution or Credit Card (Complete a separate Direct Debit Request form)

Payroll Deduction (contact Fund for eligibility) Employer:

DECLARATION
PRIVACY

I acknowledge that personal information provided herein will be used by HIF to deliver the products and services of my membership. All information will remain confidential. This information may be disclosed to third parties and authorised Government Agencies to deliver services associated with my health insurance. Failure to provide personal information may result in the failure to process or deliver the service requested. I confirm that the information supplied on this variation form is provided with the consent of those individuals listed on this form and includes consent from those individuals to act on their behalf.

VARIATION

I declare that all details are true and correct and agree to be bound by the rules of HIF. I understand the Pre-Existing Ailment Rule, Waiting Periods and Benefit Limitations may be applied to my membership. I declare that students aged 21 to 25 years on this membership are attending a full-time course. I certify that any dates of birth shown on this form are correct. I understand if a date of birth has been stated incorrectly and this resulted in incorrect premiums being paid, HIF reserves the right to deduct the additional premium from the next claim benefit entitlement or to adjust my next payment amount.

Signature

Date: (dd/mm/yyyy)

If you require assistance to complete your Variation Form, please phone HIF on 1300 13 40 60 and speak to a Membership Consultant. Completed variation forms can be dropped off in person at 60-62 Stirling Street, Perth or mailed to HIF at GPO Box X2221, PERTH WA 6847.

