# Payroll/Super Deduction & Cancellation



# A. Member details

Member number:	Title:
First name:	Surname:
Street address:	Suburb:
State:	Postcode:
Date of birth:	Email:
Telephone:	Mobile:

## **B.** Payroll or Superannuation details

#### **Payroll details**

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

Employee name:	
Employer name:	
Department:	
Employer address:	Suburb:
State:	Postcode:
Branch location:	Payer ID:

#### Superannuation details

Note: Available to retirees who are beneficiaries of the 'Government Employees Superannuation Board'.

Superannuation number:

## **C. Deduction Authority**

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

Amount:

Frequency:

HIF	table:	

Weekly Fortnightly

ly Monthly

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.

Health Insurance Fund of Australia Ltd (HIF) ACN 128 302 161 | An Australian public company limited by guarantee. | A registered private health insurer.



#### **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)

Manual Invoice Frequency: Monthly Quarterly Half-yearly Annually

### Declaration

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

Signature:

Date:

Type your full name here to sign electronically.

Once you have completed the form, please email it to us at **hello@hif.com.au** or mail to HIF, GPO Box X2221, Perth WA 6847