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# Managing Director's Update



Welcome to this edition of SmartHealth.

## 2011 Budget Snapshot

When the Treasurer, The Hon. Wayne Swan

MP handed down the 2011 Federal Budget on Tuesday 10 May 2011 he announced a return to surplus in 2012 – 13 by making \$22 billion in savings and restraining real growth in spending, and a range of measures to get more people into jobs by spending more on training apprenticeships and incentivising employers.

## Economic Outlook

- The Australian economy is anticipated to grow in the 2010-11 and 2011-12 years by between 3.25% and 3.75%
- Drivers of growth will be business investment and commodity exports
- Unemployment to fall to 4.75% by the end of 2010-11 and then to around 4.50% by the end of 2011-12
- Wages growth is expected to increase as the labour market tightens, with the wage price index growing 4.00% through 2012 and 4.25% through 2013
- Underlying inflation is expected to increase from 2.50% through to the June 2011 quarter, to 3.00% through to the June 2013 quarter

## Personal Income Tax

The tax measures introduced were minimal and there were no significant surprises.

Below are just some of the changes that will occur.

### Flood levy

Personal income tax rates remain unchanged from the 2010-2011 year, however, in the 2011-2012 year only, a temporary flood and cyclone reconstruction levy will apply to individuals, to contribute towards rebuilding flood and cyclone affected areas:

- \$50,000 or less not liable to pay the levy
- \$50,001 – \$100,000 a levy of 0.5% of taxable income above \$50,000
- Over \$100,000 a levy of 0.5% of taxable income between \$50,001 and \$100,000, and 1.0% of taxable income above \$100,000

### Medicare levy

The 1.5% Medicare Levy will continue to apply although the low-income thresholds will be increased.

### Expanding the education tax refund

Families will now be able to include the cost of school uniforms, including optional uniforms and sports uniforms, as eligible costs for the purposes of the Education Tax Refund. For the year ended 30 June 2011 the maximum claim under Education Tax Refund is:

- \$397 for primary school students
- \$794 for secondary school students

## Dependent spouse tax offset

The Government is seeking to increase the number of people in paid employment by removing the dependent spouse offset from 1 July 2011 for taxpayers with dependent spouses under 40. The measure will not apply to spouses who are:

- Carers
- Invalids
- Permanently unable to work
- Taxpayers with children (eligible for Family Tax Benefit B)
- Eligible for zone, overseas forces, or overseas civilians offsets

## Other Changes

To learn more about the changes, including changes to the low income tax offset, Medicare levy low income thresholds, reductions in discounts for HECS/HELP payments and the low income tax offset on unearned income of minors, go to our website [hif.com.au/members-centre/](http://hif.com.au/members-centre/) and visit the Government website [budget.gov.au](http://budget.gov.au).

## Means tested rebates

**Save your rebate**

The Government intends to reduce its funding for private health insurance by reducing the 30% rebate (and 35% for 65-69 years of age and 40% for 70 years of age and over) for some people, using a means tested system in the belief that Australians affected by this change will be able to pay an effective premium increase of up to 40%.

From a private health insurance industry perspective<sup>(1)</sup>, there are no winners.

## REBATE AND MEDICARE LEVY SURCHARGE (MLS)

### Rebate

	Current	Planned Means Tested <sup>(2)</sup>			
Singles Families	n/a	\$80,000 or less	\$80,001 – \$93,000	\$93,001 – \$124,000	\$124,001 or more
Age	Rebate	\$160,000 or less	\$160,001 – \$186,000	\$186,001 – \$248,000	\$248,001 or more
Under 65	30%	30%	20%	10%	0%
65-69	35%	35%	25%	15%	0%
70 and over	40%	40%	30%	20%	0%

<sup>(1)</sup> Means the Australian Health Insurance Association (AHIA) which represents the interests of 21 funds out of 35 Australian private health funds, or 93% of the total privately insured population.

## Medicare levy surcharge (MLS)

	Current		Planned Means Tested <sup>(2)</sup>			
Singles	\$77,000 or less	\$77,001 or more	\$80,000 or less	\$80,001 – \$93,000	\$93,001 – \$124,000	\$124,001 or more
Families	\$154,000 or less	\$154,001 or more	\$160,000 or less	\$160,001 – \$186,000	\$186,001 – \$248,000	\$248,001 or more
All Ages	0.00%	1.00%	0.00%	1.00%	1.25%	1.50%

### Example 1 – Rebate (the Smith family)

	Current	Means Tested
Family (under 65) – no children		
Combined Taxable Income	\$165,000	\$165,000
Private Hospital Cover (before rebate)	\$3,000	\$3,000
<b>Rebate</b>	<b>30%</b>	<b>20%</b>
Family pays out of pocket (after rebate)	\$2,100	\$2,400
Increase		\$300
<b>Increase %</b>		<b>14.3%</b>

### Example 2 – Rebate (the Jones family)

	Current	Means Tested
Family (under 65) – 3 children		
Combined Taxable Income	\$195,000	\$195,000
Private Hospital Cover (before rebate)	\$3,500	\$3,500
<b>Rebate</b>	<b>30%</b>	<b>10%</b>
Family pays out of pocket (after rebate)	\$2,450	\$3,150
Increase		\$700
<b>Increase %</b>		<b>28.6%</b>

Let's take a closer look at the Jones family. They appear to be financially well off however they are managing a five person household, including paying to educate three children. The Jones family are trying to live by a budget that's under pressure from rising interest rates, and significant increases in charges for utilities. What are their options?

	Saving	Additional Cost
<b>Option 1</b> Keep the existing cover		\$700
<b>Option 2</b> Opt out of private health insurance	\$13 <sup>(3)</sup>	
<b>Option 3</b> Downgrade to lower (200/400 excess) cover		\$25 <sup>(4)</sup>
<b>Option 4</b> Downgrade to lower (400/800 excess) cover	\$380 <sup>(5)</sup>	

<sup>(2)</sup> Thresholds indexed annually to Average Weekly Ordinary Time Earnings (AWOTE); Family thresholds increased by \$1,500 per child after the first child.

<sup>(3)</sup> **Option 2** – The Jones family will save the \$2,450 they are currently paying but they will now attract the Medicare levy surcharge (MLS) of 1.25% of \$195,000, or \$2,437.

<sup>(4)</sup> **Option 3** – The Jones family downgrade to a lower level of cover costing \$2,750 per annum, including taking a \$200/\$400 excess option. Under the new means tested arrangements, the Jones' will pay \$2,475 after rebate.

<sup>(5)</sup> **Option 4** – The Jones family downgrade to a lower level of cover costing \$2,300 per annum, including taking a \$400/\$800 excess option. Under the new means tested arrangements, the family will pay \$2,070 after rebate.

**Option 1** – Maintains the current family cover, which includes a nil excess cover, but puts additional pressure on the family budget. Not what the Jones family want at a time when other living costs are on the rise and there are five people to consider, three of whom are attracting education costs.

**Option 2** – The saving is miniscule which means the Jones family replace a top level of private hospital cover for no private hospital cover, which means they fall into the 'public hospital system'. This can be ok if the Jones family don't place importance on choosing their surgeon and choosing their hospital, and they accept the risk of having to be placed on the 'public hospital system' elective surgery waiting list.

**Option 3** – This option seems acceptable because it attracts a very small cost increase. However, this cover is not as good as the previous cover and it comes with a \$200/\$400 excess. If the Jones family have two hospital admissions in a year, it will cost them an extra \$400, taking the total cost increase to potentially \$425.

**Option 4** – This option provides a reasonable saving, however if the Jones family have two hospital admissions in a year, it will cost them an extra \$800, resulting in a total cost increase of \$420.

## Managing Director's Update cont'd

### The flow-on effects

These options are not the only matters to consider. The AHIA engaged Deloitte to research this issue and report on their findings. Deloitte reported that significant numbers of consumers will opt out of private health insurance and rely on the 'public hospital system' and an even larger number of consumers will downgrade their private hospital cover. The effects on a private health insurer are potentially:

- (1) The size of a fund's membership base will be less;
- (2) Those who exit will most likely be from the younger and fitter consumer groups; *and*
- (3) Those who stay will most likely be from the older and less fit consumer groups.

These effects (1) – (3) will drive premiums up and so the anticipated savings (e.g. Option 4.) will potentially evaporate, putting even more pressure on private health insurance participation, and again, as more young and fit consumers leave, private health insurers will become far more dependent on the older and less fit consumer groups. No doubt health funds will experience higher claims costs per membership over time which will continually push premiums up.

A reduction in the number of members that a health fund insures means there are less people to share the health fund's

administration charges, which include charges for providing essential services to members. Health funds will have to cut costs and they will invariably have to confront the prospect of reducing services.

### Community rating

Remember, under the Government's 'community rating' principle, everybody must pay the same price. Thus, the younger members who don't attract the more expensive claims whilst they are young will be motivated to leave private health insurance.

### Public hospital waiting lists

On the other side of the equation, more patients in the 'public hospital system' means further pressure on elective surgery waiting times (see next section), and of course, the consumer no longer has the ability to choose their surgeon or their hospital.

Let's hope our elected politicians have a good grasp on all the implications of such a dramatic change in a (public v private) system that has provided all Australian consumers with the range of options (public and private) they were looking for.

### Public hospitals – elective surgery waiting lists

Go to [hif.com.au/health-insurance/](http://hif.com.au/health-insurance/) to access the latest public hospital elective surgery waiting lists by state/territory.

### What you can do

At HIF, we're not interested in becoming involved in political processes, however, because we care about you, we want you to be aware of what the Government plans to do to the Australian health system.

Contact your local member of Parliament and ask him/her to explain how the Government's reduced funding of the rebate will benefit you. Go to [nohealthmeanstest.com.au](http://nohealthmeanstest.com.au).

### Policy Holders

At the end of May 2011, HIF represented the health and wellness interests of 64,090 persons under 31,087 policies. We are also Australia's fastest growing not-for-profit open health fund. Congratulations on making the smart choice for health cover.



*Graeme Gibson,  
Managing Director*



## Surfboard Pack Winner

Congratulations Michael Flood, winner of the fantastic Surfboard Pack consisting of a Firewire surfboard, leash, surfboard bag, wetsuit and roofrack. Michael entered the competition by joining HIF during the recent Margaret River Drug Aware Pro Surf competition in April. Michael is currently studying to be a doctor and in his spare time is a freelance surfing journalist and a mad keen surfer.



# Your Annual HIF Statements – what do they mean?

With Joe Budrovich,  
HIF Operations Manager

During July 2011 HIF members will receive up to three statements, depending upon the product(s) they hold and if they have claimed on their cover during the past financial year. If you did not receive one of the statements listed below but believe you should have, or you have a query regarding your statement, please call us on 1300 13 40 60.

An explanation of each statement is provided below to assist in understanding the details they include.

## Private Health Insurance Statement 1 July 2010 to 30 June 2011

This statement will be provided to members who have held at least one Complying Health Insurance Product which is eligible for the (30%, 35% or 40%) Federal Government Rebate\*.

It is only sent to the primary policy holder (the person on the membership who is responsible for paying the premiums). So if you have a partner on your membership who is required to submit a tax return, you should let your tax accountant know.

If you require an additional copy of this statement, it and many other details about your membership can be downloaded at any time from our Online Member Centre section at [hif.com.au](http://hif.com.au).

*\*Please note that Overseas Visitor Covers and most temporary Australian residents (i.e. on working visas) are not eligible for this rebate.*



Health Insurance Fund of Australia Ltd

## 1 Private Health Insurance Statement 1 July 2010 to 30 June 2011

Statement Date: 30 June 2011

Your Name and Address

The figures below take into account premiums received by this fund during the period 1 July 2010 to 30 June 2011.

### T5/36 Federal Government 30 per cent rebate on private health insurance and the higher rebates for older Australians

Maximum claimable rebate on private health insurance (after premium reductions) **2** \$ Rebate Elig. Amt **G**

If you received a cash or cheque payment from Medicare for health insurance premiums paid during the year, the tax offset you may be eligible to claim at item T5 (item 36 for Short tax return) on your tax return is the amount shown at G less the cash or cheque payment from Medicare. If the amount at G is '0' you have already received your full entitlement.

The information used to calculate your maximum claimable rebate amount is listed below:

Total cost of policy	Total premiums received by the health fund from you or your employer	Premium reductions you have received from the Federal Government	Maximum rebate amount (before premium reductions)
<b>3</b> \$ Amount	<b>4</b> \$ Amount	<b>5</b> Rebate Amount	<b>6</b> Possible Rebate

### Private health insurance policy details

Health fund ID	Membership number	Type of cover	Highest level of	Highest level of Rebate
<b>B</b> HIF <b>7</b>	<b>C</b> Your Membership Number <b>8</b>	Cover Type <b>9</b>	\$ Excess Amount <b>10</b>	Rebate Level % <b>11</b>

### M2/41 Medicare levy surcharge

If you and all of your dependants (including your spouse) did not have an appropriate level of private patient hospital cover for the full financial year (365 days) you may be liable for the Medicare levy surcharge. Refer to question M2 in *TaxPack 2011* or question 41 in the *Short tax return instructions 2011*.

Maximum number of days this policy may provide an appropriate level of private patient hospital cover **12** **A** Hospital Days

Number of days covered by General (Ancillary) cover (for your information only) **13** Ancillary Days

If you have any questions about this statement contact HIF on 1300 13 40 60.

The labels on this statement correspond to the labels on your tax return.

If you have any questions about the Private Health Insurance rebate generally, contact the ATO on 13 28 61.

**KEEP THIS STATEMENT TO HELP YOU COMPLETE YOUR 2011 TAX**

Health Insurance Fund of Australia Ltd. ACN 128 302 161. An Australian public company limited by guarantee. A registered private health insurer.  
Mail: GPO Box X2221 PERTH WA 6847, Office: 60-62 Stirling Street PERTH WA 6000, Phone: 1300 13 40 60, Fax: (08) 9328 3345, Email: [info@hif.com.au](mailto:info@hif.com.au), Web: [hif.com.au](http://hif.com.au)

## Important information in your statement:

- This confirms the financial year applicable for this statement. Any payments made after the "statement date" will be included in the next financial year's statement.
- This is the amount you may be able to claim, at label G in section T5 on your tax return (section 36 in the short tax return), if you do not receive the Federal Government rebate on private health insurance as a premium reduction. This amount will show "\$0.00" if you have already claimed the rebate as a premium reduction for the full year.
- This is the total amount of contributions paid to HIF for your membership, including rebate contributions.
- This is the amount of contributions paid to HIF by you or your employer for your membership.
- This is the amount of rebate received from the Federal Government as a premium reduction.
- This is the maximum amount of rebate you will be entitled to claim for the 2010-2011 financial year.
- This is the health fund ID required at label B in the private health insurance policy details section of your tax return.
- This is your HIF membership number required at label C in the private health insurance policy section of your tax return.
- This field shows the 'highest' level of cover held during the financial year, and will show one of the following: C = Combined Hospital and General Treatment (Options) cover. H = Hospital cover. A = General Treatment (Options) cover. The letter shown (C, H or A) is required at label F in the private health insurance policy section of your tax return.
- If you have hospital cover with an "excess", this is the maximum annual "front end deductible" payment you will make if you and anyone else on your cover requires hospital treatment.
- This is the highest level of rebate applied to your membership during the financial year.
- This is the number of days you held an appropriate level of private patient hospital cover during 2010/11 required for label A in section M2 – Medicare Levy Surcharge in your tax return (section 41 in short tax return).
- This is the number of days your membership provided General Treatment (HIF Options) cover.

# Your Annual HIF Statements - what do they mean? cont'd

## Your Annual Membership Summary including Lifetime Health Cover (LHC) Information

If you held a level of HIF hospital cover during the financial year, HIF is required to send you a Lifetime Health Cover (LHC) Annual Statement. Your LHC Statement shows the adults covered by a HIF hospital product during the statement period, as well as any LHC premium loadings and/or periods of absence (any days without hospital cover) that may apply.

An explanation of each of the sections in this statement has been included in the sample at right.

### Why is it important that you be aware of your LHC position?

Lifetime Health Cover (LHC) is a Government initiative designed to encourage people to take out hospital insurance earlier in life and to maintain their cover.

If you do not have hospital cover on the 1st of July following your 31st birthday and then decide to take out hospital cover later in life, you will pay a 2% loading on top of your premium for every year you are aged over 30. The maximum loading is 70%.

Once you have paid a LHC loading on your private hospital insurance for 10 continuous years, the loading is removed as long as you retain your hospital cover.

**Gaps in cover** - to cover small gaps, such as switching from one fund to another, you are able to be without hospital cover for periods totalling 1,094 days during your lifetime, without affecting your loading. This is known as 'Days of Absence'.

If you use up your Days of Absence, you will pay a 2% loading on rejoining private hospital cover. The loading will increase by 2% for every year after that without cover.

**Suspension of membership** - if HIF allows you to suspend your hospital cover for a short period, this period does not affect your LHC loading.

Health Insurance Fund of Australia Ltd		
<b>Annual Membership Summary Including Lifetime Health Cover Information</b>		
Information current as at: 30 June 2011		
<b>Member Details</b>		
Member Number	Your HIF Membership number	
Member Name	Your name	
Partner Name	Your partner's name (where appropriate)	
<b>Description of Cover</b>		
Type of Hospital Cover	Name of your hospital Cover	Hospital Code
Hospital Class	Hospital Cover Classification	
Hospital Cover Excess Amount	\$ Amount	per person per calendar year
Hospital Cover Excess Amount Maximum	\$ Amount	per calendar year
Type of Ancillary Cover	Name of your ancillary Cover	Ancillary Code
Ancillary Class	Ancillary Cover Classification	
<b>Summary of Hospital Cover</b>		
<b>Cover:</b> This section describes what services are included in your hospital cover.		
<b>Excess:</b> If applicable to your level of hospital, this is the amount of Excess payable by you directly to the hospital, should you be admitted to hospital.		
<b>Exclusions:</b> If applicable to your level of hospital cover, this section describes any services which are not included (no benefit is payable to you) in your cover.		
<b>Restrictions:</b> If applicable to your level of hospital cover, this section describes any services you are not fully covered for. This means you will receive some benefit for your hospital accommodation but may incur significant out of pocket expenses.		
<b>Benefit Limitations:</b> This section details any services which are not fully covered until you have held your cover for a specific period. This means if you are admitted to hospital for one of these procedures before completing the waiting period, you will only receive partial benefits so may incur significant out of pocket expenses.		
<b>Waiting Periods:</b> This section details any services for which you will not be covered (no benefit will be paid) until you have held your cover for the specific waiting period.		
<b>Summary of Ancillary Cover</b>		
This section details what is included in your Ancillary cover		
<b>Federal Government Lifetime Health Cover Information</b>		
Lifetime Health Cover loading for member	Any loading percentage which applies to you	
Lifetime Health Cover loading for partner	Any loading percentage which applies to you partner	
Lifetime Health Cover loading for membership	The loading percentage for your membership	
Days without Hospital cover post 1 <sup>st</sup> July 2000 for member	The number of days you have not been covered	
Days without Hospital cover post 1 <sup>st</sup> July 2000 for partner	The number of days your partner was not covered	
<b>Do you have questions or require assistance?</b>		
Please call a HIF Customer Services Representative on <b>1300 13 40 60</b>		
<small>Health Insurance Fund of Australia Ltd, ACN 128 302 161. An Australian public company limited by guarantee. A registered private health insurer.  <b>Mail:</b> GPO Box X2221 PERTH WA 6847 <b>Office:</b> 60-62 Stirling Street PERTH WA 6000 <b>Phone:</b> 1300 13 40 60  <b>Fax:</b> (08) 9328 3345 <b>Email:</b> info@hif.com.au <b>Web:</b> www.hif.com.au</small>		

**Going overseas** - if you cancel your hospital insurance and go overseas, your days outside of Australia aren't counted towards the 1094 days allowed to be without private health insurance, provided you stay overseas for at least one continuous year.

**New migrants to Australia** - if you are aged 31 or over, you will not have to pay a LHC loading if you take out private hospital insurance within 12 months of being registered for Medicare.

After this time you will have to pay 2% more for each year you are aged over 30 when you take out private health insurance.

## Your Annual Member Benefit Statement

This statement will be provided to all members who have been paid health insurance benefits during the past financial year. The details on page 6 explain each heading on your statement. If more than one person is on your membership, each person's claims will be listed separately.

## Membership Benefit Statement

Assessment advice for all claims paid on your behalf for  
the period from 1/07/2010 to 30/06/2011

Member No: (your Membership number)  
Date: (date this statement was generated)

Patient name	Provider	Date of service	Service ID	Services	Provider Fee	Medicare Sch Fee	Medicare Benefit	Fund Benefit	Total Benefit
<b>Claim type: (Ancillary, Medical or Hospital)</b>									
Name of patient receiving treatment	Name of your health service provider	Date this service was provided	The medically recognised 'ID' describing this treatment	The number of services involved (may be multiple items)	\$ amount charged by the provider for this service	\$ amount Medicare expects providers should charge (if covered by Medicare)	\$ benefit amount Medicare paid toward this service	\$ benefit amount paid by HIF toward this service	Total (combined) benefit amount paid by HIF and Medicare
<b>Lines: No.</b>					<b>\$Total</b>	<b>\$Total</b>	<b>\$Total</b>	<b>\$Total</b>	<b>\$Total</b>

### Are the services listed on your Member Benefit Statement correct?

Whilst HIF has a number of pro-active checks and regular audits in place to confirm the accuracy of health service provider invoices, there may have been occasions where HIF will have paid a benefit toward health service invoices which have been submitted incorrectly.

This typically happens where a health service provider accidentally charges for the wrong or multiple items, or the wrong HIF member via HIF's electronic claiming service or where a member has been hospitalised and their invoices are sent direct to HIF for payment, and therefore not initially reviewed by the member.

Unfortunately, not all incorrectly submitted health invoices are an accident, so it is important that members advise HIF where they believe a benefit has been paid for a service they did not receive.

Where benefits have been incorrectly paid, HIF will recover them from the health provider(s) involved so that this money can be made available for future claims.

If you do not recognise any service, provider or item listed on your statement, please contact us so we can investigate on your behalf.

## Tax Matters

With Glenn Oellermann, HIF Commercial Manager

**Tax season is once more upon us and in the coming weeks many people will be preparing their tax returns for the 2010/2011 financial year.**

### Private Health Insurance Statement 1 July 2010 to 30 June 2011

During the second week of July 2011 HIF will mail to you the information you need to complete the relevant private health insurance sections of your tax return. An explanation of your HIF Private Health Insurance Statement ('Tax Statement') and how it relates to your tax return is on page 4.

### Save Tax

The more expenditure you can consolidate into a single tax year the more chance you have of benefiting from the **Net Medical Expenses Tax Offset**.

Net medical expenses are the medical expenses you have paid less any refunds you got, or could get, from Medicare or a private health insurer (**HIF**). You can claim a tax offset of 20% of your net medical expenses over \$2,000 (prior to 1 July 2010 the threshold was \$1,500).

There is no upper limit on the amount you can claim.

For a more detailed explanation of the Net Medical Expenses Tax Offset, please visit our website – [hif.com.au/members-centre/](http://hif.com.au/members-centre/) or go to the ATO website [ato.gov.au](http://ato.gov.au).

A statement of your hospital, medical and ancillary claims (including provider fees charged and HIF benefits paid) is included with your annual statements. This statement will also assist you in determining whether your out of pocket health expenses are eligible for the Net Medical Expenses Tax Offset.



# Carbon Neutral

HIF was the first and is still, the only Private Health Insurance Fund in Australia to be certified Carbon Neutral, by the Carbon Reduction Institute (CRI).

Since 2008, CRI has regularly calculated HIF's carbon footprint (i.e. the amount of greenhouse gas that HIF and its products [including the greenhouse gases of health providers] are responsible for emitting into the atmosphere). CRI suggests ways in which we can further reduce our carbon footprint and we offset our remaining emissions through the purchase of carbon abatement credits which are used to fund the cleanup of existing carbon waste.

We believe in doing the right thing for our members, the community and the planet. And after all, a healthier environment is better for everyone.

We hope you will want to help us contribute to a healthier environment by electing to have your HIF communications emailed to you (where applicable) rather than receiving paper copies in the mail.



## HIF is now on Twitter



Stay up to date on our latest news by following **@HIF\_Australia**



Telephone: 1300 13 40 60 Fax: 08 9328 3345

Web: [hif.com.au](http://hif.com.au) Email: [info@hif.com.au](mailto:info@hif.com.au)



Australia's first certified Carbon Neutral health fund.



A \$250 Coles Group and Myer gift card that can be used at any of these stores: Coles, Myer, Target, Kmart, Officeworks, Liquorland, Vintage Cellars.

**Want to win a \$250 Coles-Myer voucher and do your bit for the planet? Simply visit the online member centre at [hif.com.au](http://hif.com.au) and, if you haven't already done so, register, then update your contact details with your email address, and select email as your contact preference (where applicable).**

Everyone who is registered for email communications as at 30 September 2011 will be eligible for the prize draw. The name of the winner of the draw will be published on our website during October 2011.

### HIF Privacy Policy

Keeping your personal information private and confidential is important to us. However, this information may be used by us or disclosed to a third party, including a Government Agency or a person contracted to HIF, to inter alia assist us manage claims (including auditing) and ensure the interests of HIF members are preserved. Go to [hif.com.au](http://hif.com.au) for a full copy of HIF's Privacy Policy.