

CHANGE OF PRIMARY MEMBER

Membership Number:

Please use **BLOCK letters** and write in **black pen**,
complete all relevant sections

A. CURRENT PRIMARY MEMBER DETAILS

Title Given names: Surname:

Address

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

Home Work Mobile

Email

B. DETAILS OF NEW PRIMARY MEMBER

Title Given names: Surname:

Address

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

Home Work Mobile

Email

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.

ACKNOWLEDGEMENT

We, the undersigned both acknowledge that the NEW Primary Member hereby takes on all the responsibilities of this membership. The previous Primary Member no longer has any authority to change or alter any details on this membership, nor can they claim for benefits on this membership, unless a Spouse / Agent Authority is completed.

SPOUSAL AUTHORITY

I authorise the person identified to make changes or alterations to my HIF membership and claim for benefits on my behalf.

Signature of NEW Primary Member

Date: (dd/mm/yyyy)

Signature of previous Primary Member

Date: (dd/mm/yyyy)