# Corporate Direct Debit Discount Request

# **Member details**

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

# Employer details

Employer name:

. . . . . . . . . . . . . . . .

Payroll ID:

#### Declaration

- I declare that the above information is true and correct and that I will immediately notify HIF if this information changes.
- I acknowledge that my employer has negotiated a corporate discount with HIF that will cease upon termination of my employment as detailed above, or at the discretion of HIF.
- I agree that HIF will regularly check with my employer to ensure my discount is still applicable.

Signature of previous primary Member:

Date:

Date:

Type your full name here to sign electronically.

# Change of primary member details

In order to be eligible for the corporate Direct Debit discount, the member must be the primary policyholder of the HIF membership. If your HIF policy is currently in your spouse/partner's name, please have them complete and sign the declaration below.

Title: First name: Surname:

Telephone:

Email:

#### Declaration

I, the undersigned acknowledge that the NEW primary Member hereby takes on all the responsibilities of this membership. I continue to hold authority to make changes or claim on this membership.

Mobile:

Signature of previous primary Member:



### **Direct Debit details**

Complete this section if you're not currently paying via Direct Debit and wish to update your bank account details

Preferred payment frequency:

Fortnightly	Monthly	Quarterly	Half-yearly	Annually
BSB:				
Account No:				
Account Name:				

#### **Credit Card**

If you'd prefer to pay by credit card, please contact us on 1300 134 060 and we'll process your payment details

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

#### **Privacy Collection Statement**

At HIF we comply with the *Privacy Act 1988* to ensure that your personal (including sensitive) information is protected. HIF collects your personal (including sensitive) information to provide you with private health insurance services. If you choose not to share this information with us, we may not be able to provide you with such services. To perform private health insurance services, such as paying benefits, HIF may disclose your personal information to persons or organisations within Australia.

HIF collects, uses, and discloses your personal information in accordance with our Privacy Policy and the Private Health Insurance Collection Statement at **hif.com.au/privacy** which explains how HIF handles your personal information. This includes information on acknowledgement and consent, how we may collect, use and share your personal information, how to access your personal information and correct it when it is wrong, and how to make a privacy related complaint and how we will respond to it.

If you would like a copy of our Privacy Policy, need more information, or have a privacy concern, you can call **1300 134 060**, email privacyofficer@hif.com.au, or mail HIF's Privacy Officer at GPO Box X2221, Perth WA 6847.