Membership Association

# Direct Debit Discount Request

### **HIF Member details**

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

#### Association details

Association name:

Association number:

#### 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 association 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 association to ensure my discount is still applicable.

Signature:

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 association 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:	Mobile:
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.

Signature of current primary Member

Type your full name here to sign electronically.

See overleaf if you're not currently paying via Direct Debit and wish to update your bank account details.

Need help? Call us on 1300 13 40 60 email hello@hif.com.au

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

Date:

Date:





#### **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		

#### **Bank Account**

BSB:

Account No:

Account Name:

#### Credit Card

If you'd prefer to pay by credit card, please contact us on 1300 13 40 60 and we'll process your payment.

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