

Change of Primary Member



Current Primary Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

New Primary Member details

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

Declaration

Privacy

I acknowledge that personal information provided herein is true and correct and will be used by HIF to deliver the products and services of my membership. All information will remain confidential. This information may be disclosed as requested, 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 is provided with the consent of those individuals listed on this form and includes consent from those individuals to act on their behalf.

HIF Website Privacy Policy – [Download our Privacy Policy](#)

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, unless a Spouse / Agent Authority is completed.

Spouse/Partner Authority

I give my spouse or partner authority to make changes on our membership.

Yes

Signature of previous primary Member:

Date:

Type your full name here to sign electronically.

Signature of new primary Member:

Date:

Type your full name here to sign electronically.

Change of Primary Member



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.

*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*