

Membership Variation Form



Current Primary Member details

Member number:

Title:

First name:

Surname:

Date of birth:

Add or delete Members

Add / Delete

Title:

First name:

Surname:

Date of birth:

Gender:

Relationship:

Is this person a student and older than 21 years?

Yes / No

Name of tertiary institution:

Year applicable for:

Add / Delete

Title:

First name:

Surname:

Date of birth:

Gender:

Relationship:

Is this person a student and older than 21 years?

Yes / No

Name of tertiary institution:

Year applicable for:

Add / Delete

Title:

First name:

Surname:

Date of birth:

Gender:

Relationship:

Is this person a student and older than 21 years?

Yes / No

Name of tertiary institution:

Year applicable for:

Are all people listed above eligible for full Medicare benefits?

Yes / No

Medicare card number:

Reference number:

Expiry:

Switching funds

Please complete this section if any person being added to this membership is transferring from another health fund:

Members name:

Current health fund:

Member number:

Do you wish to transfer any dependants on your previous policy to HIF too? Yes / No

Lifetime Health Cover loading

Have all people transferring to HIF, who are over 30 years of age held continuous Hospital Cover since their 30th birthday? Yes / No

If the answer is no, you may be subject to the Government's Lifetime Health Cover loading but your previous fund will confirm this when we receive your information from them.

Spouse/Partner Authority

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

Change of cover type

Choose hospital cover

Gold Top

500/1000 750/1500

Silver Plus

200/400 500/1000 750/1500

Silver

200/400 500/1000 750/1500

Bronze Plus

200/400 500/1000 750/1500

Bronze

200/400 500/1000 750/1500

Basic Plus

500/1000 750/1500

Choose extras cover

Top Extras Simple Extras

Advanced Extras Value Extras

Essential Extras Basic Extras

Overseas visitor hospital & medical cover

Working visa cover

Comprehensive

No excess 500/1000

Intermediate

No excess

Essentials

No excess

Basic

500/1000

If your current product is not listed it may be closed.

If you're on a closed product, you're able to stay on it but if you decide to leave the product, you won't be able to return to it.

Please contact us to discuss your options.

Change of payment method

Payment frequency

Fortnightly Monthly Quarterly 6 monthly Yearly

Payment method

Direct debit Payroll Deduction Invoice

What date do you wish this change to be effective?

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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.

Variation

I declare that all details are true and correct and agree to be bound by the rules of HIF. I understand the pre-existing condition rule, waiting periods and benefit limitations may be applied to my membership. I declare that students aged 21 – 25 years on this membership are attending a full-time course of study. I certify that any dates of birth shown on this form are correct. I understand if a date of birth has been stated incorrect and this resulted in incorrect premiums being paid, HIF reserves the right to deduct the additional premium from the next claim benefit entitlement or to adjust my next payment amount.

Signature:

Date:

Once you have completed the form, please email it to us at hello@hif.com.au or mail to Claims Department, Health Insurance Fund of Australia Whadjuk Country GPO Box X2221 Perth WA 6847

Fund rules applicable to variation of membership.

This document must be read with our Health Cover Guide (hif.com.au/guide).

Rules to add or delete dependents

Membership Eligibility: General

Subject to these Fund Rules, any person currently residing in Australia is eligible to be a Fund Member of HIF.

- A person who is not eligible for Medicare Benefits will not receive Access Gap benefits under HIF Domestic covers.
- List only those persons to be added or deleted from your cover.
- If any person listed on this Membership Variation Form is transferring from another health fund please complete Section G: Switching Funds. Transfer details from the previous fund must be held by HIF before any claims can be paid.

From the 1st July 2000 members who join a hospital table will pay an additional 2% of the relevant base rate for each year their age exceeds 30 years, to a maximum of 70%. Those born prior to the 1st July 1934 will be exempt from the additional loading. Where a person is required to pay the higher premium and, because of a lower stated "entry age" than that which should actually apply, HIF reserves the right to take corrective action either by deducting an amount, equal to the additional contributions required or to deduct from the benefit entitlement the additional premium from the next claim, or adjusting the date paid to.

- Proof of age documentation must be attached (ie. photocopy of driver's licence or passport) for any dependants who are over 21 years of age.
- A Student Declaration Form must be completed for all dependants who are fulltime students, aged between 21 - 25 years of age and unmarried.
- When adding a newborn to a single or couple membership, the member has two months from the date of birth of the baby to advise the fund of a transfer to a family membership. The family membership will be backdated to the date of the baby's birth. The newborn will not be required to serve any new waiting periods.

- If adding a newborn to a family membership, the member has four years from the date of birth of the baby to register the dependant's details with the fund. The new dependant will not be required to serve any new waiting periods.
- If you are adding a dependant who has been granted permanent Australian Residency and Full Medicare Benefits, documentation to this affect will be required to avoid LHC Loading being applied to the membership. Please note that all persons must be joined within 12 months of receiving permanent status or arriving into the country.
- If you wish to include grandchildren or foster children on this policy, please attach proof of guardianship.

Rules to amend membership

General Information

Waiting periods, benefit limitations and the pre-existing condition rules apply to all new members who join the fund, or upgrade their level of cover. Members who transfer from another registered health fund will not be subject to new waiting periods or benefit limitation periods provided these periods have already been served on an equivalent level of cover with their previous fund. Where a benefit or service is not covered with your previous fund the applicable waiting period will be required to be served with HIF prior to benefits being paid.

A policy document detailing your level of cover selected and the relevant waiting periods, benefit limitation periods and the pre-existing condition rule will be forwarded to you upon processing your request. HIF recommends that you read these policy documents carefully to ensure you are aware of your entitlements and or applicable waiting periods, benefit limitation periods and the pre-existing condition rule.