



Switching Funds

Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

Member details of your/their existing health fund

If you, or someone you are adding, are transferring from another health fund, HIF can arrange to cancel your/their existing membership on their/your behalf. Simply complete the section below and return to us. If you and your partner are transferring from separate health funds, you will each need to complete a transfer request.

Please Note:

- Waiting periods you have served with your current fund will be recognised if you join an equivalent or lower level of cover within two (2) months of ceasing cover with that fund.
- Claims for services rendered up to your cancellation date will be paid by your previous fund. HIF will accept claims serviced after your joining date, with benefits being paid once your Clearance Certificates have been received from your previous fund.

This section will be sent to your current fund.

Title:

First name:

Surname:

Current Health Fund:

Member No:

Please be advised I wish to cancel my membership from the date:

This will necessitate the cancellation of all payment arrangements pertaining to this cover. If applicable, any refund of contributions paid in advance of the cancellation date should be sent to the member named above. The Interfund Clearance Certificate should be forwarded to: HIF, GPO Box X2221, PERTH WA 6847.

Please provide information to HIF about: Myself My partner My dependents

Signature of person requiring transfer:

Date:

Note: HIF requires a minimum of twelve (12) months claims history and previous health insurance cover.

Switching Funds

To be completed by your partner if they are joining HIF from a different fund other than above.

Title:

First name:

Surname:

Current Health Fund:

Member No:

Please be advised I wish to cancel my membership from the date:

This will necessitate the cancellation of all payment arrangements pertaining to this cover. If applicable, any refund of contributions paid in advance of the cancellation date should be sent to the member named above. The Interfund Clearance Certificate should be forwarded to:
HIF, GPO Box X2221, PERTH WA 6847.

Please provide information to HIF about: Myself My partner My dependents

Signature of person requiring transfer:

Date:

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