

# 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:

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## New Primary Member details

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

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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.

### 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, nor can they claim for benefits 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:

Signature of new primary member:

Date:

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

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**Need help?** Call us on **1300 13 40 60** email [hello@hif.com.au](mailto:hello@hif.com.au)

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