



Payroll/Super Deduction & Cancellation

Please use BLOCK letters and write in black pen Complete Sections A, then either B, C or D.

A. Member details

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

B. Payroll or Superannuation details

Payroll details

Note: Payroll deductions are not available to every employer. Please check with HIF for availability.

Employee name:
Employer name:
Department:
Employer address: Suburb:
State: Postcode:
Branch location: Payer ID:

Superannuation details

Note: Available to retirees who are beneficiaries of the 'Government Employees Superannuation Board'.

Superannuation number:

C. Deduction Authority

I hereby authorise and request you to arrange deductions from my salary/wages/superannuation

Amount: Frequency: HIF table:
Weekly Fortnightly Monthly

Should HIF alter the contribution rate of the table under which I am covered, the amount deducted from my salary/wages/superannuation is to be varied accordingly.

D. Deduction cancellation

I hereby authorise HIF to cancel the payroll deduction authority held in my name and request that the cancellation is to take effect from the next applicable pay period.

OR

As I have left this Employer my deduction will automatically cease on Pay Ending:

Date:

New method of Payment:

Direct Debit from my Financial Institution or Credit Card
(Please complete a separate Direct Debit Request)

Manual Invoice

Frequency: Monthly Quarterly Half-yearly Annually

Declaration

I declare the information above is true and correct and that I will immediately notify the Fund if this information changes.

Signature:

Date:

Please download and complete the form, and email it to us at hello@hif.com.au or mail to Claims Department, Health Insurance Fund of Australia GPO Box X2221 Perth WA 6847