Dependant Declaration



Member details	
Member number:	
First name:	Surname:
Email:	
Telephone:	Mobile:
Dependant declaration	be submitted each year. You can complete this declaration re. Please visit member.hif.com.au.
First name:	Surname:
Date of birth:	
Name of Institution:	Student Identification Number:
 I declare that my dependant is: Studying full-time, and Is under 31, and Is not married or in a defacto relations 	shin
I'm aware that if the circumstances change I v	•
Signature:	Date:
Type your full name here to sign electronica	
Time for their own membership?	• • • • • • • • • • • • • • • • • • • •
• • •	udent or is now married or living in a defacto relationship, obtain continuity of cover and to avoid having to re-serve get their own cover.
We're here to help. If you'd like us to get in to one of the boxes below and we'll be happy to	ouch to discuss our range of cover options, please check help.

Yes, please give me a call to discuss cover options.

Yes, please give my dependant a call to discuss cover options.

Name:

Contact number:

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 Information correct as at 29 September 2022