

HCF Application to Resume Membership

Complete and send to:
HCF
GPO Box 4242,
Sydney, NSW 2001

Membership No.

Membership details. Please use capital letters

RM Aug 2007-v.1 gi10843

Title Given Names

Surname

Home Address (Please complete your street number, name and suburb)

Postcode Phone work Mobile Phone home

Postal Address (Please complete your street number, name and suburb)

Postcode Email

Please update my membership records to reflect the above details Yes No

COMPLETE SECTION A OR B

A. Resumption – Overseas Travel

I returned to Australia on: Day/Month/Year

 / /

Please resume my membership from this date

Evidence of departure and return dates is attached (i.e. copies of passport page(s), airline tickets, travel itinerary, boarding passes, etc.)

B. Resumption – Unemployment/Sickness Benefits

I ceased claiming unemployment/sickness benefits on: Day/Month/Year

 / /

Please resume my membership from this date

Evidence of date of benefits ceasing is attached (i.e. letter from Centrelink or current employer noting date of employment)

COMPLETE SECTION C AND DECLARATION

C. Payment Method. Please mark X

I elect to pay my premiums by Ezipay (complete HCF Ezipay Request Form) Credit Card (complete Credit Card Authority)
 Payroll Deduction (complete HCF Payroll Deduction Authority) HCF branch or agent

Declaration

I declare all information stated on this form to be true and correct and all persons covered under the membership are Australian citizens or permanent residents of Australia and entitled to Medicare.

Signature

Date

 / /

Office use only

Date resumed / /

Arrears collected Yes N/A Credited Utilised Yes N/A

Ezipay letter (ANC076) sent / /

Actioned by

Evidence sighted

Pay Method Updated

 / /

Information Panel Issued

 / /

Batch No.

The Hospitals Contribution Fund of Australia Limited. ABN 68 000 026 746 AFSL 241 414

A Registered Health Benefits Organisation.

HCF Life Insurance Company Pty Limited. ABN 37 001 831 250 AFSL 236 806

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