



# Corporate membership application

## 1 Member details

I wish to ☐ Join HBF ☐ Change policy/cover details  
Member number

**Office use only:** Conc. Eff-Date

Title Given names Family name

Maiden name (if applicable) Date of birth Gender

☐ Male ☐ Female

Current postal address Postcode

Residential address (if same as above please write "as above") Postcode

Employer name Employee / Payroll or Association number

Preferred method of contact (Enables us to minimise processing delays, should any queries arise)

☐ Phone ☐ Mail ☐ Email ☐ SMS

Best time to call

☐ am

☐ pm

Home phone Business phone Mobile

Home email Work email

## 2 Additional members

Please list the details of any partner and dependants included on your policy.

Title	Given names	Family name	Gender		Date of birth	Relationship to member
			Male	Female		
			Male	Female		
			Male	Female		
			Male	Female		
			Male	Female		

### Authority Levels

If your partner is included on this policy, please advise level of authority (tick one box only).

☐ My signature is required to approve cancellations and to authorise a change in policy ownership. My partner or I can make all other changes to the policy and collect benefits for claims.

☐ Either my partner or my approval is required for changes to the policy and either can collect benefits for claims.

## Level of cover required

Single      Family\*      Couple\*      ParentPlus\* (Single parent with at least one dependant, but no partner)

\* Complete details in Section 2 of other persons to be covered on this policy. Attach a list if necessary.

### Please complete the relevant sections

#### A. Hospital and Urgent Ambulance by road (Not available with Section E, G or H)

Please tick one of the following levels of cover:

Top      Mid†      Healthy Saver†      Young Saver†

##### Excess

Please tick here if you wish to include an excess for your Hospital cover:

Include \$250 excess per person, \$500 maximum per membership, per calendar year (Available on all except Healthy Saver)

Include \$500 excess per person, \$1000 maximum per membership, per calendar year (Available on all except Healthy Saver)

#### B. GapSaver (Not available with Section G or H)

Please tick here if you wish to include a GapSaver option:

Include \$100 GapSaver per single, \$200 per family

Include \$200 GapSaver per single, \$400 per family

Include \$400 GapSaver per single, \$800 per family

Include \$600 GapSaver per single, \$1200 per family

Please tick here if you wish to have GapSaver benefits applied automatically when you claim for:

Hospital and Extras      Hospital only      Extras only      I would like to claim GapSaver benefits manually

#### C. Ambulance Plus (Available if A, E or H has been selected. Excluding Ultimate in section E)

Please tick here if you wish to include non-urgent ambulance cover:

Ambulance Plus

#### D. Extras (Not available with Section E or G)

Please tick one of the following levels of cover:

Saver Flexi Extras‡      Easy 8      Standard Extras      Premium Extras Mid  
Flexi Extras      Premium Extras Plus      Dental Saver

‡ Saver Flexi Extras includes General Dental and Urgent Ambulance by road, plus your choice of two services which are listed below.

For Saver Flexi Extras **please tick two boxes only:**

Major Dental (excludes dental implants and orthodontic)      Chiropractic/osteopathy  
Physiotherapy      Optical      Pharmacy      Podiatry      Remedial massage

#### E. Packages (Not available with sections A, D, G or H)

Please tick one of the following levels of cover:

Ultimate Package      Young Singles Saver Twin Pack† – \$100 Excess  
Smart Saver Twin Pack† – \$100 Excess      Prime Health Package† – Nil, \$250 or \$500 Excess

#### F. Wellness (Available if D or E has been selected)

Please tick here if you would like to include Wellness cover (not available on Extras Saver, Easy 8, Premium Extras or Ultimate)

Wellness

#### G. Urgent Ambulance by road (Not available with any other product)

Please tick here if you wish to have cover for Urgent Ambulance by road only.

Urgent Ambulance by road

#### H. Overseas Visitors Cover (Not available with Section A, B, E or G)

Please tick one of the following levels of cover:

Comprehensive Overseas Visitors cover (meets the Department of Immigration and Border Protection requirements for condition code 8501)  
Working Visa Hospital and Medical cover\* (meets the Department of Immigration and Border Protection requirements for condition code 8501)  
Working Visa Hospital cover\* (meets the Department of Immigration and Border Protection requirements for condition code 8501)  
Standard Overseas Visitors cover^

Estimated arrival date in Australia

Expiry date of Visa

Visa sub-class

† Restricted, and/or excluded cover for some procedures, please refer to the relevant Hospital or Packages Policy Details brochure.

^ Restricted, and/or excluded cover for some procedures, please refer to the relevant Overseas Visitors Cover Policy Details brochure.

\* These products are only available to holders of certain visa types.

## 4 Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988* (Cth) to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information collected to set up your policy and provide you with products and services, including private health insurance and health related services, and to continue to develop and improve these services. These products and services may be offered or provided by HBF or a third party. We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information. We may disclose your personal information to third parties such as the parties from whom we may collect your Information, our subsidiaries, our service providers, government agencies, financial institutions, your employer and your migration agent or broker (if you have overseas visitor cover). HBF sometimes use service providers who either host or store personal information overseas. This means we may transfer information about you between countries to those service providers, if required, for the purposes noted above. However, in all such cases, we will take reasonable steps to ensure all entities to whom we transfer your personal information comply with the *Privacy Act 1988* (Cth), including ensuring appropriate security measures are taken by those entities to protect your personal information from unauthorised access and use.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy which is available at [hbf.com.au](http://hbf.com.au) or on request by calling an HBF Member Service Advisor on 1300 132 549. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law and how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our Privacy Officer by writing to GPO Box C101, Perth, Western Australia, 6839.

## 5 Declaration and signature

Before signing the declaration below, it is important that you and all other adult persons who are to be covered by your HBF membership read HBF's Fund Rules which contain important information about the terms and conditions of HBF membership and how HBF conducts its business. A copy of HBF's Fund Rules can be obtained at [www.hbf.com.au](http://www.hbf.com.au) in the "About Us" section or on request by calling an HBF member service advisor on 1300 132 549.

I declare this information to be true and complete. I further declare that I, as well as all other adult persons to be covered by my HBF membership (if any):

- have read and agree to be bound by HBF's Fund Rules;
- understand that there are restrictions and co-payments relating to my level of cover, pre-existing ailments and waiting periods referred to in the relevant Hospital, Extras, Packages, Urgent Ambulance or Overseas visitor policy details brochure; and
- have read, and consent to the collection, use and disclosure of our Information in accordance with Section 4 of this Membership Application Form and HBF's Privacy Policy.

Signature

Date

While you are an HBF member, HBF and our subsidiaries would like to contact you, or provide you with information, about other products and services we think may be of interest to you. This could include contact via mail, email, phone or SMS and may include our own products and services or the products or services of others. Is that okay with you?    Yes    No

You can withdraw your consent at any time by calling an HBF member service advisor on 1300 132 549.

### Office use only

Amount paid

\$

Date received

Date paid to

Processor