

Power of attorney

Please complete this form to appoint a power of attorney.

1 Member details

Member number

Password (optional – no more than five characters)

Given names

Family name

Your current postal address

Postcode

Home phone

Business

Mobile

Email address

2 Attorney details

Title

Given names

Family name

Relationship to member

Phone number

Email address

HBF member number (if applicable)

Date of birth

Address

Postcode

Please indicate the power of attorney type

Enduring power of attorney

General power of attorney

Administrative order

You must supply a power of attorney or declaration of the state administrative tribunal.

Please specify below any restrictions or conditions listed in your power of attorney or declaration.

3 Authority

This power of attorney is to remain in place until revoked by me in writing (unless the member is incapable of signing).

Member's signature

Date

I confirm that my details above are correct. If the Member is incapable of signing this form I, the Attorney, am authorised to sign on their behalf and I confirm that the Power of Attorney or Administration Order has not been revoked.

Attorney's signature

Date

Privacy statement

HBF collects, uses and discloses your Information in accordance with our [Private Health Insurance Collection statement](#) and our [Privacy Policy](#) available at hbf.com.au or on request by calling an HBF member service advisor on 133 423. 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, 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 Member Service centre on 133 423, or at memberexperience@hbf.com.au.