



# Change of details form

## PART 4: CHANGE TO MY DIRECT DEBIT PAYMENTS

The Fund's Direct Debit allows you to have your premiums deducted directly from your bank account. Please complete a Direct Debit Request form that can be obtained by calling 133 234.

## PART 5: CANCEL MY POLICY

I

wish to cancel my Policy effective

Policyholder's signature

Reason for cancelling cover


## PART 6: FEDERAL GOVERNMENT REBATE

Please complete the details below to reduce your premium by claiming the Federal Government Rebate.

Are all people on your policy eligible for a current Medicare card?  Yes  No

If **Yes**, please complete the remainder of this section.  
If **No**, you cannot apply for the rebate until you obtain a card from Medicare.

Are you covered by this membership?  Yes  No

*If No, employers and trustees of organisations cannot claim the Federal Government Rebate on policies on behalf of employees.*

Date premium reduction to commence

Your Medicare card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your name exactly as it appears on your Medicare card

*Some of the information provided on this form will be used for the purposes of registering you for the Federal Government Rebate on private health insurance. Its collection is authorised by law, and information collected will be disclosed to the Department of Health and Ageing, the Health Insurance Commission and the Australian Taxation Office.*

## SECTION C: DECLARATION

I **declare** that information provided on this form is true, correct and complete and I will notify the Fund of any changes.

I **agree** to be bound by the Fund Rules.

If My Direct Claim has been completed: I **authorise** the Fund to credit my account as detailed in this Authority (the Fund should immediately be notified of any changes to particulars). I **accept** that the Fund reserves the right at any time to terminate or suspend My Direct Debit Payments and to pay by cheque or in any other manner which the Fund may determine from time to time.

Policyholder's signature