

APPLICATION FOR REFUND OF CONTRIBUTIONS

Complete and mail to:

HCF
GPO Box 4242
Sydney NSW 2001

or email:

customersupport@hcf.com.au

HCF Membership No.

1 YOUR PERSONAL DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

| | | |
|--|---|----------------------------|
| Title | First name | Middle initial |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Surname | Gender (Please mark 'X') | Date of birth (DD MM YYYY) |
| <input type="text"/> | M <input type="checkbox"/> F <input type="checkbox"/> | <input type="text"/> |
| Home address | | |
| <input type="text"/> | | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone - home | Phone - work | Mobile |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal address (if different from your home address) | | |
| <input type="text"/> | | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address | | |
| <input type="text"/> | | |

2 REFUND

What is the reason for requesting a refund?

Any refund due will be paid back to either the credit card or bank account that the premiums have been taken from.

| | |
|---------------------------|----------------------|
| Signature of policyholder | Date (DD MM YYYY) |
| <input type="text"/> | <input type="text"/> |

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call our member services team on **13 13 34** or go to **hcf.com.au**.

OFFICE USE ONLY

REFUND PERIOD

| | | | |
|---|---|--------------------------------------|----------------------------|
| Date from (DD MM YYYY) | Date to (DD MM YYYY) | Health Policy No. | Refund method (e.g. CC/ER) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Group/Ezipay reversals checked <input type="checkbox"/> | Claims history checked <input type="checkbox"/> | Reason code <input type="checkbox"/> | |
| Calculated refund amount | Refund calculated by | Checked and authorised by | Date (DD MM YYYY) |
| \$ <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |