

# HCF Resume my membership

HCF Membership No.

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

## Membership details – complete if your details have changed (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title	First name	Middle initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Sex (Please mark 'X')	
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	
Home address:		
Unit No.	Street No.	Street name
<input type="text"/>	<input type="text"/>	<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		
<input type="text"/> @ <input type="text"/> . <input type="text"/> . <input type="text"/>		

## Complete Section A or B

### A. Resumption – Overseas Travel

I returned to Australia on: (DD MM YYYY)

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: (DD MM YYYY)

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 agree that HCF can recommence my payment method previously authorised  or; I wish to elect a new payment method

Ezipay (please complete Ezipay Request Form) <input type="checkbox"/>	Credit Card (please complete Credit Card Authority) <input type="checkbox"/>
Payroll Deduction (please complete Group Payroll Deduction Authority) <input type="checkbox"/>	HCF branch or Agent <input type="checkbox"/>

### Declaration

I agree to have my membership resumed and declare all information stated on this form to be true and correct.

I understand that all persons covered by the policy are bound by the Health Fund Rules and their personal information will be handled in accordance with the HCF Group Privacy Policy at [www.hcf.com.au](http://www.hcf.com.au). I also understand that if my cover or premium rate has changed, the new premium rate is to be paid to HCF.

The signature must be of the Policy holder or Partner listed on the Policy.

Signature   Date (DD MM YYYY)