

HCF Application for refund of contributions

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

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	Sex (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:		
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"/>		

2 Refund

What is the reason for requesting a refund?

If you would like your account credited, please provide details, otherwise a cheque will be sent to you.

Account name	BSB No.
<input type="text"/>	<input type="text"/>
Account No.	
<input type="text"/>	
Signature of policy holder X	Date (DD MM YYYY)
<input type="text"/>	<input type="text"/>

Office use only

Date paid to (DD MM YYYY)	Cheque number		
<input type="text"/>	<input type="text"/>		
Group/Ezipay reversals checked <input type="checkbox"/>	Claims history checked <input type="checkbox"/>		
Date of cancellation (DD MM YYYY)	Refund amount		
<input type="text"/>	\$ <input type="text"/>		
Reason code	Calculated by:	Checked by:	Approved by:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Hospitals Contribution Fund of Australia Limited. ABN 68 000 026 746 AFSL 241 414
HCF Life Insurance Company Pty Limited. ABN 37 001 831 250 AFSL 236 806
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