

RECOVER COVER

Our unique range of flexible insurance products
pay you cash, so you can recover at your own pace.

CASH BACK COVER



Combined Product Disclosure Statement,
Policy Document and Financial Services Guide
1 October 2021

CASH BACK COVER

A little extra cash for recovery after hospital.

We're lucky in Australia - our healthcare system has most accidents covered. But sometimes the costs don't stop when you leave hospital.

Cash Back Cover gives you cash to help with the costs of recovery you weren't expecting - taxis to the doctor, extra rehab, hospital parking, babysitters or help if you need time off work.

WHAT MAKES CASH BACK COVER UNCOMMON?



FLEXIBLE

We pay you cash when your claim is approved, giving you the flexibility to use it to recover your way.



FAST

We pay most claims in under 5 days (once we get all the info we need) to help with your recovery.



EASY

No complex medical checks or underwriting when you take out cover, just talk to our friendly member care consultants.



UNIQUE

Our products are designed to help fill the gaps not covered by traditional health insurance products, to help you recover.



WHO CAN APPLY?

- Apply if you're aged 16-60, expires at 65.
- Protect everyone on your HCF health cover with the Cash Back Family Cover option.



WHAT DOES CASH BACK COVER PAY FOR?

- Pays \$5,000 for accidents requiring surgery, or for specified serious illnesses including certain cancers, heart attack and stroke*.
- Make multiple claims up to \$20,000 for singles, \$40,000 for families.

*"I was diagnosed with breast cancer and had to undergo chemotherapy. Even though I had **Cash Back Cover** for my family for a while, I felt lucky to have taken the cover in the first place with the help of HCF staff in the Brisbane branch. It doesn't cost that much more and it gave another layer of insurance for my family."*

Vivian
HCF Life Member,
Cash Back Cover



CASH BACK COVER COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY DOCUMENT

ABOUT THIS DOCUMENT

This document contains important information that You should know about Cash Back Cover. This information is designed to help You decide whether this product is right for You.

If We issue You with a Cash Back Cover policy, You will receive a copy of this Combined Product Disclosure Statement and Policy Document, along with Your Policy Schedule. Together, these documents form Your Policy and should be kept in a safe place.

Throughout this document, some words and expressions have a special meaning. These words begin with capital letters, and their meanings can be found in the Glossary section of this document.

WHO CAN APPLY

Cash Back Cover is available to Permanent Residents of Australia who are aged between 16 and 60.

WHAT'S COVERED

We will pay a benefit of \$5,000 if the Insured Person suffers an Impairment as described in the table below while Your Policy is Active, and subject to the terms of this Policy.

The total of all benefits payable under Your Policy will not exceed Your Level of Cover, as shown on Your Policy Schedule. Your Level of Cover will either be:

- \$20,000 for a Single Level of Cover; or
- \$40,000 for a Family Level of Cover.

Cancer of Specified Severity is limited to a maximum total payment of \$5,000 per Insured Person over the duration of Your Policy.

| IMPAIRMENT | DESCRIPTION |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accident Requiring Surgery | means an Accident that results in Injury that requires surgery in an operating theatre other than solely for diagnostic purposes. The surgery must occur within 6 months of the Accident. |
| Cancer of Specified Severity | <p>means the presence of uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>An unequivocal diagnosis of malignancy must be supported by histopathologic, cytological, radiologic, or clinicopathologic evidence. There must also be evidence of invasion of normal tissue or spread to regional lymph nodes or metastasis.</p> <p>The following conditions are excluded:</p> <ul style="list-style-type: none"> • tumours histologically described as pre-malignant, non-invasive, high-grade dysplasia, or with borderline or low malignant potential; • melanomas of less than 1 mm maximum thickness as determined by histological examination and less than the Clark Level 3 depth of invasion; • all hyperkeratosis or basal cell carcinomas of the skin; • all squamous cell carcinomas of the skin unless spread to other organs; • prostatic cancers which are histologically described as TNM Classifications T1 (including T1a and T1b) or lower or Gleason Score of below 7; and • Chronic Lymphocytic Leukaemia that has not progressed to at least Rai Stage 1. |
| Kidney Failure | means end stage renal disease requiring permanent regular renal dialysis or renal transplantation. |

| IMPAIRMENT | DESCRIPTION |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coronary Artery Bypass Graft Surgery | means surgical grafting of an artery or vein on to 1 or more coronary arteries to treat coronary artery disease. |
| Heart Attack of Specified Severity | <p>otherwise known as acute myocardial infarction, means sudden death of heart muscle caused by an obstruction to the blood supply of the heart muscle.</p> <p>This must be confirmed by the typical rise and/or fall of a cardiac biomarker blood test (Troponin 1, Troponin T or CK-MB) with at least 1 level above the 99th percentile of the upper reference limit.</p> <p>At least 1 of the following are also required:</p> <ul style="list-style-type: none"> • symptoms of ischaemia; • electrocardiographic changes diagnostic of acute myocardial infarction or of consequential conduction abnormalities; • imaging evidence of new regional wall motion abnormally present at least six weeks after the event; or • evidence, at least 3 months after the event, that there has been a reduction of the output of the heart such that the Left Ventricular Ejection Fraction is less than 50%. <p>Other acute coronary syndromes including but not limited to unstable angina are excluded.</p> |
| Stroke | <p>means permanent brain damage as a result of disruption of the blood supply to a part of the brain by restriction (occlusion) or bleeding (haemorrhage).</p> <p>Evidence of permanent and symptomatic loss of neurological function that is present on clinical examination and is, in the opinion of a suitably qualified medical practitioner, expected to last throughout the insured person's life.</p> <p>There must also be evidence of any 1 of the following:</p> <ul style="list-style-type: none"> • cerebral embolisation from an extra-cranial source; or • intracranial haemorrhage; or • cerebral blood vessel occlusion; or • subarachnoid haemorrhage. <p>The following conditions are excluded:</p> <ul style="list-style-type: none"> • transient ischaemic attacks • vertebrobasilar ischaemia attacks • cerebral symptoms of migraine • symptoms of psychological or psychiatric origin. |
| Major Organ Transplant | <p>means the medically necessary organ transplant from a donor to the Insured Person of 1 or more of the following organs: kidney, liver, heart, lung, pancreas or the transplanting of bone marrow.</p> <p>The transplant of all other organs, parts of organs or any other tissue transplant is excluded.</p> |

WHAT ISN'T COVERED

No benefit is payable to You if the Insured Person suffers an Impairment which:

- is covered by workers compensation or any third-party liability insurance or accident scheme or social security benefits;
- occurs as a result of or in association with drug or alcohol abuse, use or intoxication, other than the use of prescribed drugs taken in accordance with the directions of a registered medical practitioner;
- occurs as a result of acts of war whether declared or not, hostilities, civil commotion, terrorism or insurrection;

- occurs as a result of a Pre-existing Condition;
- occurs as a result of intentional self-injury;
- occurs while committing an illegal act;
- occurs as a result of Racing or Professional Sport, military service or aviation other than as a fare paying passenger on a regularly scheduled airline;
- occurs as a result of an Accident which occurs on or before the Cover Commencement Date;
- occurs as a result of an event that occurs outside Australia; or
- does not result from an Accident and occurs, or the symptoms become evident, within two months from the Cover Commencement Date.

PREMIUMS

Cash Back Cover premiums are based on the Level of Cover you choose and do not increase with age.

You must pay premiums on or before the due date to keep Your Policy Active. Premiums are payable in advance and You can choose the frequency. The premium payable under Your Policy, as applicable at the Cover Commencement Date, is shown on Your Policy Schedule. The premium includes stamp duty payable by Us where applicable.

We may change the premium or benefit of Your Policy based on the recommendation of Our actuary, provided such change applies to all policyholders under this series of Cash Back Cover. If Your premium changes, such change will come into effect on the date specified in the notice of change, which will be at least 1 month after the date of sending the notice of change to You.

Generally, insurance premiums are not tax deductible and benefits are paid free of personal tax. This is a general statement based on present laws and their interpretation. Individual circumstances may vary and you should consult a professional tax adviser. Premiums received are paid into Our No. 1 Statutory Fund, and all benefits are paid out of this Fund.

WHEN YOUR COVER ENDS

Insurance under Your Policy will end for all Insured Persons when any of the following occurs:

- the death of the Insured Person named on the Policy Schedule;
- the Insured Person named on the Policy Schedule turns 65;
- You don't pay Your premiums, the date stipulated by Us in Our written notice of cancellation to You following the non-payment of premiums for 2 months after the date to which premiums have been paid;
- the payment of Your entire Level of Cover; or
- You make a written request to cancel Your Policy, on the date We receive Your written request.

In addition, for Family Level of Cover, insurance under this Policy will end for the Insured Person when any of the following occurs:

- when the Insured Person turns 65;
- when the Insured Person ceases to be a Partner;

- when the Insured Person ceases to be a Dependant; or
- the death of the Insured Person.

We will not cancel Your Policy in response to any change in the risk of the Insured Person.

Where You hold Family Level of Cover, but Your Private Health Policy has been cancelled or changed to single level, You, Your Partner and all Dependants that were covered by Your Private Health Policy immediately before the Private Health Change will continue to have Cash Back Cover under this Policy, even though You, Your Partner and Dependants may no longer have cover under Your Private Health Policy.

You may cancel or change this Policy at any time by contacting Us. If You have cancelled Your Private Health Policy or hold a single level Private Health Policy, You can change the Insured Persons under this Policy at any time by contacting Us.

Where You hold Family Level of Cover and only 1 Insured Person remains covered by the Policy (due to cover ceasing in accordance with this clause), We will cancel Your Family Level of Cover and issue You with alternative Single Level of Cover. Where this occurs:

- the Cover Commencement Date in this Policy will continue to apply in respect of any Exclusions for the purposes of Your Single Level of Cover; and
- the Level of Cover will be the lesser of the amount of the unpaid benefit on Your Family Level of Cover or \$20,000.

We will notify You if this occurs.

REINSTATING YOUR POLICY

If We have cancelled Your Policy due to non-payment of premiums, You may request to reinstate your Policy within 30 days of the date stipulated by Us in Our written notice of cancellation to You. Within that 30 days, We must receive all outstanding premiums and You must call Us on **13 13 34** to request reinstatement.

COOLING OFF PERIOD

When You receive Your Policy documents from Us, You have 30 days to check whether the Policy meets Your needs. Within this time You may cancel Your Policy by contacting Us and receive a full refund of any money paid provided You have not made a claim.

HOW TO SUBMIT A CLAIM

We will require written proof from You to substantiate Your claim. To submit satisfactory written proof to Us:

- complete and return a Cash Back Cover claim form within 90 days of the Accident occurring (you can get a copy of this form by calling Us on **13 13 34** or emailing us at lifecclaims@hcf.com.au);
- You will need to pay all costs related to completing the Cash Back Cover claim form;
- if required, the Insured Person will need to have a medical examination on Our behalf and at Our expense;
- You must supply any other documents or evidence We may require in order to assess your claim; and
- The Insured Person must seek medical advice from a legally qualified medical practitioner as soon as possible after an Impairment occurs and that advice must be followed.

INSURED PERSONS

| TYPE OF COVER | INSURED PERSON(S) |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Single Level of Cover | The Insured Person shown on the Policy Schedule |
| Family Level of Cover, with Family Level Private Health Policy | <ul style="list-style-type: none">• You; and• all of the persons covered by Your Private Health Policy at the time of the event giving rise to the claim occurring. |
| Family Level of Cover, but Private Health Policy cancelled or changed to single level | <ul style="list-style-type: none">• You; and• all of the persons who were covered by Your Private Health Policy at the date of the Private Health Change provided they continue to meet the eligibility requirements for either a Partner or the Dependant status they held at the date of the Private Health Change; and• any New Family Members (see below). <p>Note: This means that You, Your Partner and all Dependants that were covered by Your Private Health Policy immediately before the Private Health Change will continue to have life insurance cover under this Policy, even though You, Your Partner and Dependants may no longer have cover under Your Private Health Policy.</p> |

NEW FAMILY MEMBERS

Any New Family Members will be covered from the date of notification to Us and will not be covered in respect of any Pre-existing Conditions.

A New Family Member who is a newborn will be covered from their date of birth if You notify Us within 6 months of their date of birth. If you notify Us after this period, the newborn will be covered from the date of notification to Us.

RISKS

It is important to understand the associated risks of purchasing a life insurance policy. Things You may wish to consider include:

- determining whether this Policy suits Your needs;
- if You are replacing an existing policy, consider the terms and conditions of this Policy and your existing policy before making a decision;
- this Policy does not have a surrender value, which means no money is payable to You unless We have approved a claim under this Policy.

GLOSSARY

Where the below terms appear throughout this document, they hold the meanings stated in the table below.

| TERM | MEANING |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accident | means an event that is: <ul style="list-style-type: none"> external to the body; and visible; and unexpected; and unintended. For avoidance of doubt, Accident doesn't mean an event that relates to: <ul style="list-style-type: none"> a medical episode; or a medical condition; or a complication relating to a medical procedure. |
| Active | means the period of time between the Cover Commencement Date and the date Your Policy ceases in accordance with section 'When Your Cover Ends'. |
| Adult Dependant | means a person who: <ul style="list-style-type: none"> is related to You or Your Partner as a child, step-child, or foster child or other child that You or Your Partner has legal guardianship over; is aged between 22 and 24 (inclusive); is unmarried and not in a de facto relationship; is not a Student Dependant; and is primarily reliant on You or Your Partner for maintenance and support. |
| Child Dependant | means a person who: <ul style="list-style-type: none"> is less than 22 years of age; is unmarried and not in a de facto relationship; is primarily reliant on You or Your Partner for maintenance and support; and is related to You or Your Partner as a child, step-child, foster child or other child that the You or Your Partner has legal guardianship over. |
| Cover Commencement Date | means: <ul style="list-style-type: none"> for the Insured Person named on the Policy Schedule, the date shown on the Policy Schedule; and for the Family Level of Cover: <ol style="list-style-type: none"> for persons covered by Your Private Health Policy, the later of (i) the date shown on the Policy Schedule or (ii) the date that person becomes covered under Your HCF Private Health Policy; for a New Family Member who is a newborn, the date of birth of the newborn if notified to Us within 6 months of date of birth; or for any other New Family Member (including a newborn notified to Us more than 6 months after date of birth), the date You notify Us of the New Family Member. |
| Dependant | means either a Child Dependant, Student Dependant or Adult Dependant. |
| Family Level Private Health Policy | means a HCF Private Health Policy that provides cover for more than 1 person. |
| HCF | means The Hospitals Contribution Fund of Australia Limited. |
| Injury | means physical damage to the body. |
| Insured Person | has the meaning given in the section labelled 'Insured Persons'. |
| Level of Cover | means the level of cover shown on Your Policy Schedule. |
| New Family Member | means any other persons You notify to Us as being Your Partner or a Dependant after the date of the Private Health Change. |
| Partner | means the person who is Your spouse or de facto partner with whom You live. |
| Permanent Resident of Australia | means a permanent resident or Australian citizen as defined under the <i>Australian Citizenship Act 2007</i> (Cth) including any amendment, replacement, re-enactment or successor legislation. |

| TERM | MEANING |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Policy | means this Combined Product Disclosure Statement and Policy Document, and Your Policy Schedule. |
| Policy Owner | means the person indicated on Your Policy Schedule as the Policy Owner. |
| Private Health Change | means Your Family Level Private Health Policy is cancelled or changed from a Family Level Private Health Policy to a HCF Private Health Policy that covers only 1 person. |
| Private Health Policy | means the HCF private health insurance policy that is held by You, or was previously held by You, under the HCF Membership number listed on Your Policy Schedule as at the Policy Date. |
| Pre-existing Condition | means any condition, illness or ailment where the signs or symptoms of which in the opinion of a registered medical practitioner, existed at any time before the Cover Commencement Date, even if a diagnosis had not been made. |
| Professional Sport | means a sport for which the Insured Person was either participating in competition or training under the guidance of a professional coach, and for that sport, the Insured Person had received, or expected to receive, \$5,000 or more in remuneration during the competition season or calendar year, whichever applies, in which the Impairment occurred. Remuneration includes the following: <ul style="list-style-type: none"> match payments regular income (the player is paid a fixed annual salary to play for the club) match bonuses. |
| Racing | means any speed contest involving the use of a powered vehicle or device or any form of organised speed contest. |
| Student Dependant | is a person who: <ul style="list-style-type: none"> is between 22 and 24 years of age (inclusive); is a full time student at school, college or university; is unmarried and not in a de facto relationship; is primarily reliant on You or Your Partner for maintenance and support; and is related to You or Your Partner as a child, step-child, foster child or other child that You or Your Partner has legal guardianship over. |
| We/Our/Us/HCF Life | means HCF Life Insurance Company Pty Limited. |
| You/Your | means the Policy Owner. |

OTHER THINGS YOU NEED TO KNOW

YOUR COVER IS PROVIDED BY HCF LIFE

Cash Back Cover is issued by HCF Life Insurance Company Pty Limited (HCF Life), a subsidiary of The Hospital Contributions Fund of Australia Limited (HCF) and will not have a surrender value at any time. HCF is a not-for-profit health fund that has been looking after Australians since 1932. HCF and HCF Life are each responsible for the entire contents of this Combined Product Disclosure Statement, Policy Document and Financial Services Guide. In addition to these documents, you should also read the Target Market Determination (TMD) for this product, which is available at hcf.com.au/lifeinfo

Information in this Combined Product Disclosure Statement, Policy Document and Financial Services Guide that is not materially adverse is subject to change from time to time. Updated information is available at hcf.com.au/lifeinfo or

by contacting Us on **13 13 34**. Free paper copies are available on request.

PROTECTING YOUR RIGHTS

If You have a complaint about Your Policy, please contact Our Policy Service Team on **13 13 34** and We will attempt to resolve it promptly. If an issue has not been resolved to Your satisfaction, You can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution process that is free to consumers.

Call: **1800 931 678 (free call)**
Visit: afca.org.au
Email: info@afca.org.au
Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

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

FINANCIAL SERVICES GUIDE

HCF is licensed to provide general advice about and arrange for the issue of life and general insurance products. The life insurance products are issued by HCF Life Insurance Company Pty Limited (HCF Life).

This Financial Services Guide provides information about the services provided by HCF in relation to Cash Back Cover and is designed to assist You in deciding whether to use any of these services.

It contains information about remuneration paid to HCF and its staff for the services offered and how complaints against HCF in relation to these services are dealt with.

If HCF offers or arranges to issue You Cash Back Cover We will provide You with a Product Disclosure Statement relating to that product where required. The Product Disclosure Statement sets out the significant features of the product and will assist You to compare and make informed decisions about the product.

HCF's Australian Financial Services Licence (Number 241 414) (AFSL) authorises HCF to provide general advice about, and arrange the issue of, both life and general insurance products. The life insurance products are issued by HCF Life Insurance Company Pty Limited (HCF Life).

HCF Life is a wholly owned subsidiary of HCF and acts on its own behalf. When We issue You with a policy, We do so under a binder that authorises Us to enter into that contract of insurance on behalf of the insurer.

Premiums for the life insurance products are paid to HCF Life. HCF receives commission from HCF Life for the sale of life insurance products of up to 40% of the first year's premium plus an additional commission of 80% of HCF Life's underwriting profit each year calculated as premiums less claims and expenses. HCF's staff may receive an incentive depending on the annual premium of these products which they sell. This will not exceed 15% of the first year's premium.

HCF is a not-for-profit organisation and all of the income it receives is applied for the benefit of its members.

HCF provides general advice about the suitability of these products for the needs of members. This means We do not take account of individual objectives, financial situation or needs.

You should, before acting on that advice, consider the appropriateness of the advice, having regard to Your objectives, financial situation or needs. Please read the Product Disclosure Statement before deciding to purchase any of these products.

HCF holds professional indemnity insurance that complies with the compensation requirements of Section 912B of the *Corporations Act*. This includes cover for claims in relation to the conduct of representatives and employees who no longer work for HCF but who did at the time of the relevant conduct.

Should You have a complaint about any of the services We offer in this Financial Services Guide please contact Us on **13 13 34**. If We have not resolved Your complaint within 45 days or You are not satisfied with Our response, You can contact The Australian Financial Complaints Authority (AFCA).

AFCA is an independent body available free of charge to consumers and can be contacted at:

Call: **1800 931 678 (free call)**

Visit: **afca.org.au**

Email: **info@afca.org.au**

Write: **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

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

OUR PRIVACY STATEMENT

HCF Life is committed to best practice privacy protection.

We collect your personal information including sensitive information such as health information from you and/or the policy owner who is responsible for your policy and/or from other third parties detailed in the HCF Privacy Policy (which covers HCF Life), so we can:

- comply with applicable laws
- manage our relationship with you
- provide life insurance related products and services to you (including through third parties)
- manage and pay claims and benefits
- assess your life insurance and related needs
- investigate fraudulent or improper claims and assess risks
- research and develop products, services and benefits that may better serve your needs
- assess your possible interest in and tell you about other HCF products and services
- administer our business and deal with complaints.

The types of organisations and individuals we disclose personal information to include:

- third party organisations who deliver services on our behalf or to us, some of whom may be located overseas
- research companies contracted to us to ask your opinion on improving our service, benefits or product offerings
- other insurers or reinsurers
- government, including law enforcement agencies
- related HCF companies
- the named policy owner who has your authority
- any other authorised individual.

If you do not provide the personal information we request, we may not be able to provide you with our products or services.

You can ask us at any time to stop direct marketing to you by emailing **service@myhcf.com.au** or calling **13 13 34**.

For more information about the personal information we collect and how we handle it, how to access and correct your personal information or how to make a complaint and how we will respond to complaints, please read the HCF Privacy Policy.

To view the HCF Privacy Policy:

- Visit **hcf.com.au/privacy**
- Visit your local branch.

All new policy owners should ensure that all members on the policy are made aware of the HCF Privacy Policy.

LIFE INSURANCE CODE OF PRACTICE

HCF Life is a member of the Financial Services Council and we are bound by its Life Insurance Code of Practice which sets out the Australian life insurance industry's key commitments and obligations to customers. Further information is available at **fsc.org.au**

RECOVER COVER THAT'S UNCOMMON CARE APPLY TODAY

APPLYING FOR CASH BACK COVER IS EASY

To apply, all you need to do is:

1. Call, visit a branch or go online to complete your application
2. Leave the rest to us.



1800 560 855
MON-FRI 9AM-6PM AEST/AEDT



hcf.com.au/recover-cover



Visit a branch

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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