

INVOLUNTARY UNEMPLOYMENT ASSISTANCE

To see if you are eligible for this subsidy, please read all information in this form. Complete and sign all necessary sections. Please use a black pen and print in CAPITALS. Attach the *Separation Certificate* from your previous employer and a *Statutory Declaration* stating that you are unemployed and that you are seeking employment.

Complete and mail to:

HCF
GPO Box 4242
Sydney NSW 2001

or email:
customersupport@hcf.com.au

HCF Membership No.

1 DETAILS OF APPLICANT (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"/>

2 DECLARATION

I apply to HCF for Involuntary Unemployment Assistance and declare all information provided in respect of this application is true and complete.

My Involuntary Unemployment commenced on (DD MM YYYY)

I have attached the following information (please tick when attached):

- A *Separation Certificate* from my previous employer A *Statutory Declaration* stating that I am unemployed and that I am seeking employment.
 I am self-employed and I have been legally declared bankrupt or my company has been placed into involuntary liquidation.

Signature of applicant

Date (DD MM YYYY)

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

Date of joining (DD MM YYYY)

Date paid to: (DD MM YYYY)

Cessation date: (DD MM YYYY)

NC 29 days

Signature

Date (DD MM YYYY)

Authorised by

INFORMATION ON INVOLUNTARY UNEMPLOYMENT ASSISTANCE

If you can satisfy the Requirements and Conditions below, we'll pay your HCF health insurance premiums up to the maximum period permitted under your Policy while you remain involuntarily unemployed (Involuntary Unemployment Assistance). The words in italics below are defined in HCF's Fund Rules.

DEFINITION

Involuntary Unemployment means the *Policyholder* has been involuntarily retrenched or made redundant by their employer from permanent full-time employment (over 25 hours per week and not temporary in nature or related to a fixed period contract of employment) which was not due to an unsuccessful probation period, resignation, voluntary redundancy, unsatisfactory work performance or unemployment due to medical reasons.

ELIGIBILITY

A *Policyholder* is eligible for *Involuntary Unemployment Assistance* if they hold Top Hospital, Healthmate Ultimate, Healthmate Advanced, Healthmate Essentials, Healthy First Hospital, Healthstart Hospital, Healthclub or Healthmate Starter (**a Healthmate Hospital Product**) or if the *Policyholder* holds any other HCF *Hospital Cover* other than *Overseas Visitors Health Cover* or *Ambulance Cover* (**a Standard Hospital Product**) provided the following Conditions and Requirements are met.

CONDITIONS

- the *Policyholder* has been unemployed for more than 29 days; and
- the *Policyholder* had permanent full-time employment for 6 months prior to their unemployment; or
- if the *Policyholder* is self-employed, then the business of the *Policyholder* must have been either legally declared bankrupt or have been put into involuntary liquidation; and
- the *Policyholder* is actively seeking employment;
- the *Policyholder's* Premiums have been paid up to the 29th day of unemployment;
- the *Policyholder* has held a *Hospital Cover* that included *Involuntary Unemployment Assistance* for at least:
 - 2 months for *Policyholders* that hold a Healthmate Hospital Product; or
 - 12 months for *Policyholders* that hold a Standard Hospital Product; and
- the *Policyholder* has applied for *Involuntary Unemployment Assistance* within 3 months of becoming unemployed;
- *Involuntary Unemployment Assistance* is payable for the period of the *Policyholder's* unemployment (except for the first 29 days) as certified by Centrelink or other registered employment service and shall cease on the resumption of employment, subject to a maximum period of:
 - 12 consecutive calendar months for *Policyholders* that hold a **Healthmate Hospital Product**; or
 - 183 days in any 2 year period for *Policyholders* that hold a **Standard Hospital Product**.

HCF shall have the right to deny *Involuntary Unemployment Assistance* to a *Policyholder* who, in the opinion of HCF, has:

- intentionally sought a *Policy* that includes *Involuntary Unemployment Assistance* knowing that the *Policyholder's* employment had a high probability of ceasing;
- in the case of a self-employed *Policyholder*, the *Policyholder's* business had a high probability of failing or involuntary liquidation was impending at the date of commencement of the *Policy*; or
- voluntarily became unemployed.

REQUIREMENTS

1. You must provide:

- separation certificate from your last employer;
- a statutory declaration stating that you are unemployed and seeking employment; and
- this form.

2. For continuation of the subsidy while unemployed a statutory declaration reconfirming that you are unemployed and seeking employment must be provided each month.