

Financial hardship Policy suspension

Member details

Member number

Family name

Given name(s)

Postal address (including postcode)

Email

Mobile

Date of birth

dd / mm / yyyy

Please let us know of any additions to your family or new address details via OMS or calling us.

Policy suspension

I wish to suspend my HCl membership due to financial hardship.

Reason for financial hardship

Financial hardship start date

dd / mm / yyyy

List supporting information (eg most recent Centrelink statement, employer letter) and provide copies

I wish to suspend my HCl membership for the following period:

Anticipated end of that hardship:

dd / mm / yyyy

Date the above changes are to commence:

dd / mm / yyyy

This suspension applies only to me; **OR** to all persons covered by this policy.

Waiting periods

If within 30 days of the suspension ending, your contributions are up to date (from the end of the suspension), you will retain your pre-suspension status and not serve new waiting periods. Full waiting periods will need to be re-served if contributions are not up to date within 30 days of the end of the suspension.

Member declaration

- I declare all details to be true and correct and agree to be bound by the rules of HCl, including the waiting periods information above.
- I acknowledge that assessment of this application is at the discretion of HCl, and is dependent upon me having held this private health insurance for at least 12 months and that all applicable premiums are paid to date.

Member's signature

Date

dd / mm / yyyy

Office use only

Accepted by

Date

dd / mm / yyyy

Processed by

Date

dd / mm / yyyy