

Payment options

Complete this form, selecting only ONE of the options below, then return it to us through OMS (Online Member Services) or enquiries@hciltld.com.au.

Member details

Member number

Family name Given name(s)

Phone Mobile Date of birth

Email (We require your email address to communicate with you. We may not be able to process your payment changes without your email address.)

Please let us know of any new address details via OMS (Online Member Services) or calling us.



Did you know that you can update your **Payment options** with our **Online Member Services** instead of using this form?

members.hciltld.com.au

You can also look at your membership details, change your address or contact details, make credit card payments, order a new membership card or print your tax statement.

Payment options

I'd like my premiums to be deducted Monthly Quarterly 6 monthly Annually

This authorisation extends to any changes to my premiums that HCl may make from time to time. This authority applies until it is withdrawn by me in writing. If I do not make a choice, premiums will be deducted monthly by default.

Please complete ONE of the options below.

Option 1 Bank account deduction

I/we authorise Health Care Insurance (HCl) Limited (Debit user ID 16895) to arrange for money to be debited from my/our nominated account according to the instructions specified and the Service Agreement available at www.hciltld.com.au/terms.

Name of financial institution

Name of account holder(s) BSB number Account number

Account holder 1's signature Account holder 2's signature (if required)

Date Date

For claims payable, please credit the above account. the following account.

Name of account holder BSB number Account number

Payment options (continued)

Option 2 Credit card deduction

Type of credit card: MasterCard VISA

Name on credit card

Card number

Expiry date

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request - Service Agreement available at www.hcilt.com.au/terms

Card holder's signature

Date

Option 3 Manual payments

I wish to make my payments manually in advance, and undertake to pay all amounts by the relevant due dates. I understand that I'm required to ensure my HCl account is paid for a minimum of 14 days in advance at all times. I understand I can pay via BPAY or credit card, including via HCl's OMS (Online Member Services).