

Policy updates

To update your HCi policy is easy! Just complete your details and the relevant sections below, then sign on page 2 to authorise the changes. Some changes can also be made by [logging into OMS](#).

Existing 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.

Commencement date for the following changes:

dd / mm / yyyy

Change to Member details (evidence required for a name change)

Family name

Given name(s)

Home address (including postcode)

Postal address (including postcode)

Email (We require your email address to communicate with you.)

Phone

Mobile

Income threshold

The Australian Government Rebate on Private Health Insurance is income tested and eligibility for the rebate is determined by the taxable income of a single or a family. There are no penalties for nominating an incorrect rebate tier. If the nominated tier is incorrect and there is a difference between your entitlement and the claimed rebate, an adjustment will be made through your tax return. For information regarding income thresholds, refer to the Australian Taxation Office at ato.gov.au

If you do not nominate a Rebate Tier, the Base Tier will be applied. To change income tier or stop receiving the Rebate as a reduced premium, please notify HCi as soon as possible.

Please select one tier for your estimated family income (for the current financial year).

Base

Tier 1

Tier 2

Tier 3

Single \$84,000 or less
Family* \$168,000 or less

Single \$84,001 - \$97,000
Family* \$168,001 - \$194,000

Single \$97,001 - \$130,000
Family* \$194,001 - \$260,000

Single \$130,001 or more
Family* \$260,001 or more

* The income threshold for each tier is increased by \$1,500 for every child after your first. Family includes one and two parent families.

Change to members covered (do not include yourself)

Type of cover (if changing) Single Couple Family (including single parent families)

I want the following people to be added taken off my membership.

Family name	Given name(s)	Sex	Date of birth	Relationship to you
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>
Please provide their email address if aged 18 plus <input type="text"/>				
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>

To add/remove more than 3 people, please attach a separate page with their details.

If a dependant is aged between 23 and 31, or is over 23 and on a NDIS plan, please refer to our website for more information.

Are all the people on this policy listed on or entitled to a Medicare card? Yes No (Please call us as a Medicare card is necessary.)

Name of the new dependant as it appears on their Medicare card

Medicare card number Reference ID Valid to

Are the additional dependants financial members of another fund? Yes No (Please move on to next section.)

Name of current health fund

Level of cover Member number Date health cover is paid up to

Waiting periods apply to new dependants (other than newborns) and people upgrading from another fund. Please read the [waiting period information](#) on our site.

Change to level of cover

I now require the following cover:

		Choose your excess			
<input type="radio"/>	<input type="radio"/> Total Cover	<input type="radio"/> Gold Hospital & Premier Extras [#]	<input type="radio"/> \$250*	<input type="radio"/> \$500*	<input type="radio"/> \$750*
		<input type="radio"/> Silver Plus Advantage & Premier Extras [#]	<input type="radio"/> \$250*	<input type="radio"/> \$500*	<input type="radio"/> \$750*
		<input type="radio"/> Silver Plus Secure & Premier Extras [#]	<input type="radio"/> \$250*	<input type="radio"/> \$500*	<input type="radio"/> \$750*
OR					
<input type="radio"/>	<input type="radio"/> Hospital Cover	<input type="radio"/> Gold Hospital	<input type="radio"/> \$250*	<input type="radio"/> \$500*	<input type="radio"/> \$750*
		<input type="radio"/> Silver Plus Advantage Hospital	<input type="radio"/> \$250*	<input type="radio"/> \$500*	<input type="radio"/> \$750*
		<input type="radio"/> Silver Plus Secure Hospital	<input type="radio"/> \$250*	<input type="radio"/> \$500*	<input type="radio"/> \$750*
		<input type="radio"/> Bronze Plus Hospital			<input type="radio"/> \$750*
		<input type="radio"/> Basic Plus Hospital			<input type="radio"/> \$750*
<input type="radio"/>	<input type="radio"/> Extras Cover	<input type="radio"/> Healthy Extras			
		<input type="radio"/> Active Life			

* If a dependant is under 18 an excess does not apply for their hospital claims.
Premier Extras is only available with Gold or Silver Plus Hospital cover.

An excess applies per adult per calendar year. Visit our website or your [Guide to Cover](#) to see how excess levels work for your chosen cover.

Waiting periods may apply for upgrades in cover, including 12 months for **pre-existing conditions**. Read about [waiting periods](#) on the HCl website.

Cancellation

I wish to cancel my policy with HCl effective:

I understand that I can re-join at any time, but will be subject to waiting periods.

I/we are cancelling because:

- Cost Policy does not meet my/my family's needs
- Customer service Location
- Benefits/services offered
- Moving to another health fund – please name the fund:
- Other:

Declaration

- I declare the information provided is complete and correct. I understand that giving false or misleading information is a serious offence, and may lead to claim rejections or additional fees. I have read and understood the waiting periods information below.
- I understand that any funeral benefits I may have will cease if I change my level of extras cover.

Member's signature

Date

Office use only

Accepted by

Date

Processed by

Date