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HBF may occasionally contact you with information on special offers, discounts or promotions that we feel may be of interest to you. If you would prefer **not** to receive this information, please tick this box

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HBF Privacy Policy

HBF will only collect personal information to perform functions relating to insurance policy management or other product and service management. The primary purpose for which personal information is collected is usually clear from the type of form you are completing or the type of service you are requesting, e.g. information requested on a claim form will be used for the primary purpose of assessing and processing your claim. Failure to provide personal information requested from you may prevent HBF from processing and/or providing the service you are seeking. You are able to gain access to your information by contacting HBF.

HBF is required to collect your information under either the Health Insurance Act 1973, National Health Act 1953 or Insurance Contracts Act 1984. The personal information we collect from you may be disclosed between related organisations within the HBF group including HBF Health Funds Inc, HBF Insurance Pty Ltd etc.

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AUTHORITY TO COLLECT BENEFIT

Please complete if someone is collecting on your behalf.

I authorise the person whose signature I have witnessed here to collect cash/cheque due to me in respect of this claim.

Authorised Person's Signature

Authorised Person's Name (Please Print)

Member's Signature (Must be Policy Holder or Partner)

How to Make a Claim

Making a claim in a Service Centre

- There is no need to complete a claim form if you are visiting one of HBF's Service Centres.
- If someone other than the Policy Holder or Partner is making a claim, then please complete Section 10 and ensure that the authorised person produces identification.
- If you would like an authorised person to make claims on a regular basis, a 'Permanent Authority' form must be completed and forwarded to HBF.

Making a claim by mail

- Complete the claim form and attach the ORIGINALS of your accounts and receipts. Photocopies and facsimiles are not acceptable.
- If you have claimed from Medicare for in-hospital medical services please include the Medicare Statement.
- Ensure your membership is paid until at least the date of treatment.
- Post your claim to HBF GPO Box S1440 Perth WA 6809.