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## 4 Member signature and declaration

I declare and agree that:

- All the information provided above is true and accurate.
- The recipient of the treatment or service of this funding request was the member named above.
- I authorise the provider/s of that treatment or service to provide to HBF all information that is necessary to verify this funding request.
- I understand HBF does not pay a benefit towards the costs of consumables associated with the use of the insulin pump.

Name (please print)

Signature

General conditions (all conditions must be met for any approval to remain valid)

• **Member must hold a financial hospital product that includes cover for insulin pumps on the date of fitting**

- All waiting periods must have been served.
- No benefit is payable for replacement of an insulin pump within the warranty period except in the case of an upgrade for a valid clinical reason or for a subsequent kit supply.
- Benefits are only payable for insulin pumps included on the Department of Health's Prosthesis List as at the date of fitting.
- The insulin pump must be clinically necessary for the member.
- No benefit is payable for replacement of an insulin pump that has been lost or stolen.

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## Privacy statement

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988* (Cth) to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information collected to assess and process your claim for an upgrade/replacement of an insulin pump. We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information. HBF also engages third parties to carry out functions on behalf of HBF such as claims administration and they may collect the information you supply on this form and pass this information to HBF in order for HBF to assess and process your claim. When you make the claim you consent to HBF collecting related sensitive information directly from the third parties described above or, if you are not the recipient of the treatment or service the subject of the claim, you give consent on behalf of that recipient.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy, which is available at [www.hbf.com.au](http://www.hbf.com.au) or on request by calling an HBF member service advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law, how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our privacy officer by writing to GPO Box C101, Perth, Western Australia, 6839 or by telephoning 1300 883 530.