

EXERCISE AND GYM BENEFITS AUTHORISATION AND CLAIM

If your extras cover includes benefits for HCF approved health management programs, you can claim towards the costs of an exercise program or gym membership. Exercise and gym fees are only claimable when the exercise program is designed to manage or improve a specific health condition and we don't cover the costs of online exercise programs (including those delivered through mobile apps) or recreational and competitive sports. Ask your GP or medical specialist (or an HCF recognised provider of an approved profession), to complete section 2 and submit the completed form to HCF along with your receipts/invoices. We'll only pay claims for exercise programs which start after the date the medical or health practitioner has signed. This authorisation is only valid for 12 months from the time it's signed.

Complete and upload via the HCF app:
hcf.com.au/apps
 or visit a branch:
hcf.com.au/branches
 or mail with your invoices to:
HCF
GPO Box 4242
Sydney NSW 2001

HCF Membership No.

1 CLAIMANT'S DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title First name

Surname Date of birth (DD MM YYYY)

Is any part of this claim related to an accident or incident that may give rise to any form of compensation, damages or payment such as: motor vehicle accident, work related incident, personal injury, sports injury or other?

Yes (Please mark 'X') If 'yes', provide the date of the event (DD MM YYYY): and attach brief details on a separate sheet.

2 TO BE COMPLETED BY YOUR MEDICAL PRACTITIONER, OR BY AN HCF RECOGNISED PROVIDER OF AN APPROVED PROFESSION (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Medicare Provider No. Health practitioner's name

What is your profession: GP Medical Specialist Accredited exercise physiologist Chiropractor Diabetes educator Dietitian Occupational therapist Osteopath Physiotherapist Podiatrist Psychologist

Phone (including area code)

What is the patient's specific medical condition that this exercise program is addressing (general health and wellbeing is not a medical condition):

Arthritis Asthma Cardiac conditions or heart disease Chronic back pain Diabetes Hypertension Mental health Musculoskeletal Neurological Obesity (BMI >30) Orthopaedic conditions Osteoporosis Pregnancy Rehabilitation

Other - (Specify)

Please describe the **exercise program** you are recommending or providing to improve the patient's medical condition:

DECLARATION (TO BE COMPLETED BY YOUR MEDICAL PRACTITIONER OR HCF RECOGNISED PROVIDER)

I declare that the information I've provided is true and accurate.

Signature and practice stamp or contact details Date (DD MM YYYY)

3 DECLARATION (TO BE COMPLETED BY THE CLAIMANT)

I declare all information provided in support of this claim is true and complete.

I acknowledge that HCF deals with personal information of all members in accordance with its Privacy Policy. I consent to HCF using the information in this form to assess my claim for exercise and gym benefits and I authorise HCF to contact the provider(s) specified on this form and to collect and use any information including health information needed to verify this claim. I acknowledge that if I do not provide the information required in this form, HCF will not be able to assess my claim or pay benefits.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF Privacy Policy. For a copy of this policy, call us on **13 13 34** or go to **hcf.com.au**

Signature of the claimant Date (DD MM YYYY)