

Overseas Visitors Health Cover Enquiry Form



Use this form to request details of HICA's assessment service for overseas visitors to Australia or to send a specific question to HICA

Your Personal Details

Surname:	<input type="text"/>	<input type="text"/>		
Given Name:	<input type="text"/>			
Contact phone	Country Code	Area Code	Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address:	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Country:	<input type="text"/>	Postcode/Zip:	<input type="text"/>	
E-mail address:	<input type="text"/>			
Birth date:	<input type="text"/>	Spouse birth date:	<input type="text"/>	

Nature or description of your Visa (including subclass number)

Your request

- Please send me full details of HICA's assessment service for overseas visitors OR
- Please provide advice for the following question/s

Return this completed form to:

Post: HICA
PO Box 1000
Templestowe Victoria 3106
Australia

Fax: +61 3 9431 4469
E-mail: info@hica.com.au
Phone: +61 3 9439 9888