

Transfer Certificate Request

Transfer Certificate Request

Complete this form only if you are transferring from another fund and Australian Unity will cancel your existing health fund membership for you. Please allow up to 14 working days for this process to be completed. We recommend that you immediately cancel any direct debit arrangements with your existing health fund to ensure no further premium deductions are made prior to the cancellation of your membership.

Please complete this form and fax to 1800 852 030 or mail to Australian Unity, Health Membership, Reply Paid 64466, Melbourne VIC 8060 (please note no stamp is required).

Your previous fund will subsequently forward a Transfer Certificate to us that will confirm your previous cover details so we are able to apply all appropriate waiting period waivers on your new membership. If your previous fund sends you the Transfer Certificate directly, you must forward it to Australian Unity immediately for processing. The Transfer Certificate will determine your Federal Government 30% Rebate on Private Health Insurance and it will also identify you and your partner's Lifetime Health Cover status - including your Lifetime Health Cover age, any applicable loadings and accumulated days without hospital cover.

Two copies of the form are provided in order to cover the situation where multiple funds are involved. Eg. Member with Fund A and spouse/partner with Fund B.



Transfer Certificate Request Form *(please print)*

| | | | | |
|------------------------------|-------------------|------------|---------------|---------------|
| Title | Surname | First Name | Sex M/F | Date of Birth |
| | | | | / / |
| Residential Address | | Suburb | State | Postcode |
| | | | | |
| Name of existing health fund | | | Member Number | |
| | | | | |
| Date paid to | Cover name / Code | | | |
| / / | | | | |

I hereby authorise Australian Unity to cancel my membership with your organisation as a *(please tick one)* single person couple family

as of / / and obtain details about my membership.

I further request you to fax a Transfer Certificate directly to 1800 852 030 or mail to Australian Unity, Health Membership, 114 Albert Road, South Melbourne VIC 3205

Signature _____ Date / /



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