

Notice of Cancellation

To the Membership Manager of

Health Fund
I wish to cancel my hospital/ancillary membership with your fund from

Date: / /

Please forward to me:

- A full refund of any premiums paid in advance of the cancellation date indicated above.

Please forward to GMHBA:

- A Clearance letter.
- A record of claims history for all individuals covered on this membership.

Name:

Address:

Postcode

Date: / /

Member No.

Signature:

NOTE: The above signature must have legal responsibility for membership of the previous fund.

NOTE: Under Lifetime Health Cover, continuity of a member's/partner's Certified Age at Entry (CAE) is possible when transferring from another Australian registered health fund.

