

HCF Interfund Transfer Request

Membership No.

Complete this form if you have been with an Australian Registered health fund at any time since 1/7/2000

Complete and send to:

HCF
GPO Box 4242,
Sydney, NSW 2001

ITR March 2010-v.2 gj12334

Membership details. Please use capital letters

Title Given Names

Surname Date of birth: Day/Month/Year / / Gender M F

Home Address (Please complete your street number, name and suburb)

Postcode Phone work Mobile Phone home

Postal Address (Please complete your street number, name and suburb)

Postcode Email

R C RF I

I hereby authorise HCF to terminate my membership with your organisation and obtain details about my membership.
Please provide details concerning:

(Please mark X) Myself only All persons covered under the membership

Name of fund from which you are transferring

Other Fund Membership No.

If you have a direct debit arrangement with your existing health fund please remember to personally advise your bank or your pay office (if you pay by payroll deduction) to cancel your deductions.

Signature

Date

 / /

Notes

1. If any person nominated on your HCF policy were previously insured with a different health fund, a separate Interfund Transfer Request will need to be completed, signed and returned to HCF. - See over.
2. Please note your existing health fund may send you the Interfund Transfer Certificate, which you will need to forward to HCF.

HCF
More for members.

The Hospitals Contribution Fund of Australia Limited. ABN 68 000 026 746 AFSL 241 414
HCF Life Insurance Company Pty Limited. ABN 37 001 831 250 AFSL 236 806
HEAD OFFICE: 403 George Street, Sydney, NSW 2000
Telephone: 13 13 34. Postal Address: GPO Box 4242, Sydney 2001
E-mail: service@hcf.com.au Internet: www.hcf.com.au

Double

