Transfer Certificate Request Form

ahm
Australian Health Management

USE BLACK PEN ONLY AND PRINT IN UPPERCASE

If you're switching from another health insurer, we need a *Transfer certificate* from them to make sure any waiting periods you've already served are recognised. We'll also confirm your Lifetime Health Cover details with them. You need to complete this section and then we'll do the running around for you!

TO: Name of existing health insurer

Membership number

Date joined insurer (DDMMYY)

Financial date (DDMMYY)

Surname

Given names

Date of birth (DDMMYY)

Street address

Suburb

State

Postcode

I hereby authorise Australian Health Management to terminate my policy with your organisation and obtain full details about my policy. I also authorise ahm, on my behalf, to obtain information, if appropriate from you in respect of policy details including benefit payment.

SIGN HERE

DATE: / /

PLEASE NOTE: YOU MUST CANCEL YOUR PAYMENTS TO YOUR EXISTING HEALTH INSURER

Your privacy Australian Health Management Group Pty Limited (ahm) is subject to the *Privacy Act 1988* and complies with the principles for handling your personal information. ahm's privacy policy can be viewed on the ahm web site **www.ahm.com.au** or you can call us on 134 246 to have a copy of the policy posted or emailed to you.

Please return completed form to Locked Bag 1006, Matraville NSW 2036

Phone: 134 ahm (134 246) **Fax:** 1300 329 246 **Web:** www.ahm.com.au **Email:** info@ahm.com.au

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