

Clearance/Cancellation Certificate

nib customer number

--	--	--	--	--	--	--	--

Complete these details to authorise nib health funds to cancel your policy and obtain details of your existing health fund policy.

NB: If your premiums for your existing health fund are being deducted from your wages you should notify your paymaster to stop those deductions.

Personal details

(of main customer with existing fund)

Surname

Given name(s)

Date of birth

Home address

	Postcode

Other persons transferring to nib from existing fund

-----	-----
-----	-----

Existing health fund details

Fund name

Customer number

Cancellation date

I hereby authorise nib to terminate my policy with your organisation and/or obtain details about my policy, including a **fully itemised claims statement** for the previous 12 months. If applicable, any refund of premiums paid in advance of the cancellation date should be sent to me.

Other health fund member's signature

X
Date / /

Please return completed form to:

nib health funds, Reply Paid 62208 Newcastle NSW 2300 (no postage stamp required)