

## Clearance Certificate request

Please complete this form if you or somebody covered by your membership is transferring from another health fund. HCl will cancel your existing health fund membership for you and request a Clearance Certificate. As long as you have signed this authorisation, the Clearance Certificate from your current fund allows us to correctly transfer your waiting periods, benefit entitlements and Lifetime Health Cover loading and days of absence (if any). You will need to complete a certificate request for each fund you and/or your dependants are switching from.

NOTE: If you have a direct debit or payroll deduction arrangement with your existing fund, **please remember to cancel those payments.**

### Member details

Family name

Member number

Given name(s)

Postal address (including postcode)

Phone

Mobile

Date of birth

Email

Please let us know of any additions to your family or new address details via OMS or calling us.

### Switching details

Name of current health fund

Current cover level

Current member number

Date health cover is paid up to

### Members to be transferred

Everyone listed on the policy, **or**  Myself and member(s) listed below, **or**  Just the member(s) listed below

Name 1

Name 2

### Switching authorisation

I hereby authorise HCl to cancel my membership from

and obtain details about my membership via a Clearance Certificate sent directly to HCl Limited, PO Box 931, Burnie, TAS 7320.

I request a refund for any premiums paid beyond my termination date.

Please do not contact me further about this request.

## Switching authorisation (continued)

Policy holder's name

Policy holder's date of birth

dd / mm / yyyy

Policy holder's postal address

Policy holder's signature

Partner's signature (if required)

Date

dd / mm / yyyy

Date

dd / mm / yyyy

*The signatory above must have legal responsibility for the health cover at the 'current fund'.*

*The signature is required if your partner is covered on the health cover at the 'current fund'.*

## Office use only

Member number

Payroll group (if applicable)

Staff signature

Date processed

dd / mm / yyyy