

POLICY SUSPENSION – Overseas Travel

Member Number: Member's name:

Address:

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I understand that

- the suspension must be at least 28 days and no longer than 2 years.
- Proof of exit and re-entry to the country is required to suspend your policy, eg a copy of your boarding pass or itinerary.
- I may only apply for suspension of their membership if, at the time I lodge this application, I have:
 - (1) held their private health insurance cover for at least 12 months; and
 - (2) paid all contributions then due by them.

I wish to suspend my HCl membership for the following period:

date of commencement of overseas travel ____/____/____

anticipated date of return to Australia. ____/____/____

All persons covered by this policy wish to suspend the policy – YES NO

If only some people on the policy are leaving Australia, please provide their name/s below:

.....

I declare all details to be true and correct and agree to be bound by the rules of HCl.

SIGNED:

DATE: ____/____/____