Policy Cancellation

Australian Unity
Real Wellbeing

This form is used to cancel your health insurance policy. This will cancel your membership and all members covered under it.

1. Your membership details

Membership number

Title | First name

Surname

Postal address

Suburb | State | Postcode

2. Policy cancellation

Cancellation date D D / M M / Y Y Y Y *Note: This cannot be a date in the past.*

Please cancel my health insurance policy and:

☐ transfer any monies paid in advance of the cancellation date to the membership number:

☐ refund any monies paid in advance of the cancellation date to my nominated Australian bank account below:

Name and branch of financial institution

Name of account holder

BSB No. – | Account number

☐ forward a Transfer Certificate to:

Name of fund

Signature of policy holder X | Date D D / M M / Y Y Y Y

OR

Signature of person holding Power of Attorney*/Delegated Authority^ X | Date D D / M M / Y Y Y Y

Name of person holding Power of Attorney/ Delegated Authority^

**Please attach a copy of the relevant enduring or financial Power of Attorney agreement, if not already provided to Australian Unity.*

^For Overseas Visitors Cover only.

3. Returning your documents

Return by post
Australian Unity Health
Reply Paid 91943, Melbourne VIC 3000
(No stamp is required)

Email
customerservice@australianunity.com.au

Contact us

13 29 39
australianunity.com.au

Australian Unity Health Limited ABN 13 078 722 568 | 271 Spring Street, Melbourne VIC 3000