

Transfer Certificate Request form



- If you are transferring from another Health Fund, complete the Transfer Certificate Request and Australian Unity will organise the paper work, cancel your membership, and coordinate the transfer with your previous Health Fund for you. Your previous fund will then forward us a 'Transfer Certificate' that confirms your previous cover details so we are able to apply all appropriate waiting period waivers and Lifetime Health Cover status on your new membership.
- If your previous fund sends you the Transfer Certificate please forward it to us. You may also need to contact your bank to cancel any direct debit arrangements you have with your previous fund.
- Follow the three easy steps below; complete, sign and return this form to Australian Unity using the details on the back of this form.

1. Member one

Australian Unity Membership Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title	<input type="text"/>	Date of birth	<input type="text"/> Sex M/F <input type="checkbox"/>
Surname	<input type="text"/>	First Name	<input type="text"/>
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I am transferring from (name of previous fund)	<input type="text"/>		
Membership Number (of previous fund)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date paid to	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cover name/Code	<input type="text"/>		

I hereby authorise Australian Unity to terminate my membership with the health fund above as a (please tick one)

Single Couple Family as of / / and obtain details about my membership.

I further authorise Australian Unity to request a Transfer Certificate to be sent from the above health fund within 14 days of receipt, addressed to Australian Unity Health Membership 271 Spring Street, Melbourne VIC 3000, or by secure email as required.

Signature Date / /

If your spouse or dependants were previously on a separate cover, please complete the second transfer below.

2. Member two

Title	<input type="text"/>	Date of birth	<input type="text"/> Sex M/F <input type="checkbox"/>
Surname	<input type="text"/>	First Name	<input type="text"/>
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I am transferring from (name of previous fund)	<input type="text"/>		
Membership Number (of previous fund)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date paid to	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cover name/Code	<input type="text"/>		

I hereby authorise Australian Unity to terminate my membership with the health fund above as a (please tick one)

Single Couple Family as of / / and obtain details about my membership.

I further authorise Australian Unity to request a Transfer Certificate to be sent from the above health fund within 14 days of receipt, addressed to Australian Unity Health Membership 271 Spring Street, Melbourne VIC 3000, or by secure email as required.

Signature Date / /

We handle your personal information in accordance with our Privacy Policy available at australianunity.com.au/privacy or by calling 13 29 39.

Please turn over page >



Return by post

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



Email

customerservice@australianunity.com.au

Please return your completed and signed form to Australian Unity within 10 days.

Contact us



13 29 39



australianunity.com.au