

- 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.

## 1 Member one Complete

### Transfer Certificate Request Form

Australian Unity Membership Number

Title

Surname

First Name

Date of Birth

Residential Address

Suburb

State

Postcode

I am transferring from (name of previous fund)

Membership Number (of previous fund)

Date paid to

Cover name / Code

I hereby authorise Australian Unity to terminate my membership with the health fund above as a *(please tick one)*  single person  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 114 Albert Road, South Melbourne VIC 3205, or by secure email as required.

Signature of the Australian Unity member

Date

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

## 2 Member two Complete

### Transfer Certificate Request Form

Title

Surname

First Name

Male

Female

Date of Birth

Residential Address

Suburb

State

Postcode

I am transferring from (name of previous fund)

Membership Number

Date paid to

Cover name / Code

I hereby authorise Australian Unity to terminate my membership with the health fund above as a *(please tick one)*  single person  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, 114 Albert Road, South Melbourne VIC 3205, or by secure email as required.

Signature

Date

## 3 Returning your documents Return

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

**Mail:** Australian Unity, Health Membership, Reply Paid 64466, South Melbourne VIC 3205. (No stamp is required)

**Email:** [customerservice@australianunity.com.au](mailto:customerservice@australianunity.com.au)

For further information visit [australianunity.com.au](http://australianunity.com.au) or call us on **13 29 39**

