

Transfer certificate request

All Australian registered private health insurers are required to issue you with a clearance certificate when you cancel your health cover with them. Complete this form to authorise St.LukesHealth to cancel your existing membership and receive the clearance request on your behalf.

| Details on your previous health fund | |
|--------------------------------------|------------------------------|
| Name of previous fund | Previous fund membership no. |
| Name of previous fund | Previous fund membership no. |

| Details of individuals covered by previous health fund. If you need to add more than 9 people, please attach a separate page with their details. | |
|--|---------------|
| Full name of policy holder | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |
| Dependants name | Birthdate / / |

Authority to cancel

I hereby authorise St.LukesHealth to cancel my/our membership from and obtain all relevant information about my/our membership.

I also request a refund for any premiums paid in advance of my cancellation date. If my premiums are paid by direct debit please cease my deductions from the above date.

Please note if your premiums to your previous fund are made by wage/payroll deductions or by Direct Debit you should advise your paymaster or financial institution to cease deductions accordingly.

Please do not contact me in the future

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|-----------|----------------------|------|----------------------------------|-----------|----------------------|------|----------------------------------|
| Signature | <input type="text"/> | Date | <input type="text" value="/ /"/> | Signature | <input type="text"/> | Date | <input type="text" value="/ /"/> |
|-----------|----------------------|------|----------------------------------|-----------|----------------------|------|----------------------------------|

Please return completed form to:
 St.LukesHealth
 PO Box 915
 Launceston Tas 7250
 or by email to:
 general@stlukes.com.au

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|------------------------|-------------------------------|
| Office use only | St.LukesHealth membership no. |
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