



Request a Transfer Certificate from Your Current Health Fund

Please print in black ink, using capital letters and mark check boxes with an X.

GU Health Membership No.:

With this form you can authorise GU Health to terminate your current health fund membership and request a Transfer Certificate on your behalf.

Please complete the information requested below and send your completed form by:

- FreePost to GU Health, Reply Paid 2988, Melbourne VIC 8060 (no stamp required); **or**
- FreeFax to 1800 656 778; **or** • Scan and email to corporate@guhealth.com.au

For assistance or more information call your GU Health Member Relations Team on 1800 249 966 between 8.30am – 5.00pm (EST) Monday to Friday **or** email corporate@guhealth.com.au

Section 1: Policyholder's details (the person in whose name membership is held)

Title: Surname: Sex: M F

Given name: Date of birth:

Home address:

State: Postcode:

Work telephone number: Home telephone number: Mobile number:

Email address:

Section 2: Transfer Certificate request (Complete this form only if you are transferring from another Australian health fund and GU Health will cancel your existing health fund membership for you. Please note you must personally advise your bank to cancel your deduction if you have a direct debit arrangement with your existing health fund.)

GU Health will contact your previous Australian health fund to cancel your membership and request a Transfer Certificate. If GU Health does not receive your Transfer Certificate, waiting periods served with your previous fund cannot be recognised.

If any person nominated on your GU Health membership is transferring from another Australian health fund (or separate policy) please make a copy of this section and complete separately.

Title: Surname:

Given name: Middle initial: Date of birth:

Name of existing health fund: Membership number:

Home address:

State: Postcode:

I authorise GU Health to terminate my membership with my existing Australian health fund and obtain details concerning: (please mark)

Myself My partner My dependant(s)

Cancellation effective from:

I further request my previous Australian health fund to forward a Transfer Certificate directly to GU Health GPO Box 2968 Melbourne Vic 8060, or via corporate@guhealth.com.au

Previous policyholder's signature: Date signed:

