

If you're transferring cover from another private health provider, please complete this form to authorise health.com.au to arrange for your policy to be cancelled and refund any applicable amounts back to you. Your previous health fund will then forward a transfer certificate to us, which makes sure that any waiting periods you've previously served will carry over.

**PLEASE NOTE: This process can take up to 14 days to be finalised by your previous fund.**

Please complete the details below and send it back to us using one of the methods below:

Email: [transfers@health.com.au](mailto:transfers@health.com.au)

Fax: 03 8609 1396

Post: health.com.au Locked Bag 423 Abbotsford VIC 3067

### CUSTOMER INFORMATION

Name

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### DECLARATION

I consent to health.com.au arranging the cancellation of my existing health insurance policy and direct debits, and transferring my cover to health.com.au.

health.com.au Customer Number

Date (dd/mm/yyyy)

Signature

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### PREVIOUS HEALTH INSURER INFORMATION

Previous Fund Name

Previous Membership Number

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### TRANSFER INFORMATION

Transfer all People Covered by this Policy

Transfer Only Myself from this Policy

Please check the applicable option