

## Transfer Certificate Form



Please complete this form if you want GMHBA to terminate your membership with another health fund and request a transfer certificate and claims history on your behalf. This form must be signed by the member who has legal responsibility for membership of your previous fund.

Health Fund: \_\_\_\_\_

Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Full names and dates of birth of all people who you wish to cancel and transfer to GMHBA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Street address: \_\_\_\_\_

Suburb/city: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

I authorise GMHBA to cancel my ☐ Hospital only ☐ Extras only

Combined cover with your fund from: \_\_\_\_\_

Date     /     /

Signed \_\_\_\_\_

Date     /     /

☐ Please find my premiums paid in advance of the cancellation date and send a transfer certificate and claims history for all people covered under my membership to GMHBA.

Remember, continuity of a member's/partner's certified age at entry (CAE) is possible when transferring from another Australian registered health fund under Lifetime Health Cover.

☐ Please do not contact me further about this request.