



Transfer/Cancellation Certificate Request

Please complete the details below to authorise us to cancel and obtain details of your previous health fund membership. It is important for you to complete and return this form, as it is used to calculate your continuity of health cover and lifetime health loading. Note: If your premiums for your existing health fund are being deducted from your wages, bank account or credit card, you should notify your payroll officer or bank to stop those deductions.

Personal Details (of main member with previous fund)

Surname	Given names	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value"=""/>
Home address		Postcode
<input type="text"/>		
Names of other persons transferring to Apia health insurance from previous health fund		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Australian health fund details

Fund name	Book/Membership number	Cancellation date	Date of joining Apia health insurance
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value"=""/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value"=""/>

I hereby authorise nib health funds limited to terminate my membership with your organisation and/or obtain membership details, including a **fully itemised claims statement** for the previous 12 months. If applicable, any refund of premiums paid in advance of the cancellation date should be sent to me.

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

Spouse/Partner Details

Surname	Given names	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value"=""/>
Home address		Postcode
<input type="text"/>		
Names of other persons transferring to Apia health insurance from previous health fund		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Australian health fund details

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