

Clearance/Cancellation Certificate

NIB Membership number

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Complete these details to authorise NIB Health Funds to cancel your membership and obtain details of your existing health fund membership.

NB: If your contributions for your existing health fund are being deducted from your wages you should notify your paymaster to stop those deductions.

Personal details

(of main member with existing fund)

Surname

Given name(s)

Date of birth

Home address

	Postcode

Other persons transferring to NIB from existing fund

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Existing health fund details

Fund name

Membership number

Cancellation date

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

Other health fund member's signature

X

Date

/ /

nib
Health Funds Limited
A.B.N. 83 000 124 381

Please return completed form to:

NIB Member Care Centre, Reply Paid 62208, 22 Honeysuckle Drive, Newcastle NSW 2300
Fax: 02 4925 1900

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