

Transfer/Cancellation Certificate Request

Please complete the details below to authorise nib health funds 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	/ /
Home address		
<input style="width: 95%;" type="text"/>		Postcode
Names of other persons transferring to nib from previous fund		
<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 40%;" type="text"/>
<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 40%;" type="text"/>

Previous Australian health fund details

Fund name	Book/Membership number	Cancellation date	Date of joining nib
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	/ /	/ /

I hereby authorise nib health funds 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	<input style="width: 95%;" type="text" value="X"/>	Date
		/ /

Spouse/Partner Details

Surname	Given names	Date of birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	/ /
Home address		
<input style="width: 95%;" type="text"/>		Postcode
Names of other persons transferring to nib from previous fund		
<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 40%;" type="text"/>
<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 40%;" type="text"/>

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Signature	<input style="width: 95%;" type="text" value="X"/>	Date
		/ /