

# Transfer Certificate request form



Fill in this form if you're switching health insurers and to ensure you have continuous cover. We need to check with your previous insurer:

- what you were covered for - so you can claim as soon as possible and don't have to re-serve any waiting periods
- if we need to apply a Lifetime Health Cover (LHC) loading to your premium

**Make sure you cancel any premium payment arrangements you may have with your previous health insurer.**

To: Name of existing health insurer

Member number

Surname

Given names

Date of birth

Residential address

Suburb

State

Postcode

I authorise ahm health insurance to:

- terminate my cover with my previous insurer
- get information if appropriate about my cover, including benefit payments and LHC loading

Your signature

Date: / /

## Submitting your form

Sign and send to [info@ahm.com.au](mailto:info@ahm.com.au) and add **'Transfer certificate'** in the email subject.

You can also post to ahm health insurance Locked Bag 4, Wetherill Park NSW 2164.

