Transfer Certificate request

medibank
For Better Health

Changing to Medibank Private is easy

Please use this form to authorise Medibank to arrange to cancel your membership with your existing health fund, and to request a Transfer Certificate on your behalf. This must be signed by the current contributor of your existing fund.

Once your form is complete, please fax it back to us on 07 3026 0557.

You can also mail it to us (Medibank, GPO Box 9999, in your capital city), but fax is preferred – the sooner we receive your form, the sooner we can start the changeover process for you. We'll arrange to cancel your membership with your existing health fund as well as request a Transfer Certificate on your behalf. This provides us with information on your previous cover, including details on waiting periods already served which you won't have to re-serve with us.

1. Contributor details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First name ___ Second initial ___ Family name ___

Date of birth ___ ☐ Male ☐ Female

Address ___

Suburb/City ___ State ___ Postcode ___

2. List any other person transferring

First name and second initial	Family name	Date of birth

Existing health fund ___

Cover name ___

Membership number ___

Date joined ___

Date paid to ___

I authorise Medibank to terminate my membership with your organisation from ___

Medibank is authorised to obtain full details, including claims and lifetime health cover loading history, about myself and all other memberson my membership.

Signature ___

Date ___

Note: *If you pay via direct debit or payroll deduction, it is important for you to cancel your payments to your existing health fund.*

All forms should be returned via fax **(07) 3026 0557** or posted to Medibank GPO Box 9999 in your capital city.

For other forms call **132 331** or visit a Medibank store