

Interfund transfer Use another form if space is insufficient

Complete this section if you have been with an Australian Registered health fund at any time since 1/7/2000.

If you have a direct debit arrangement with your existing health fund please remember to personally advise your bank or your pay office (if you pay by payroll deduction) to cancel your deductions. Remember also to sign the Declaration section.

Title	Given names	Name of existing health fund
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Membership number	
<input type="text"/>	<input type="text"/>	
Home address (Please complete your street number, name and suburb)		
<input type="text"/>		
<input type="text"/>	Postcode	I hereby authorise HCF to terminate my membership with your organisation and obtain details about my membership.
Date of Birth (Day/Month/Year)	Signature	Date
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please note due to privacy reasons, your existing health fund may send you the clearance certificate, which you will need to forward to HCF.



Please complete the application and payment authority and return to:

Health Link Consultants
PO Box 13107, Law Courts VIC 8010
Phone: (03) 9670 5555
Freecall: 1800 808 026