

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 you have a Lifetime Health Cover (LHC) loading – so your premium is correct

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: / /

Please return this completed form to:

ahm Health Insurance,
Locked Bag 1006, Matraville NSW 2036

Your privacy We're subject to the *Privacy Act 1988* and comply with the principles for handling your personal information. View the ahm Privacy Policy at ahm.com.au or contact us to have a copy posted or emailed to you.

134 246 ahm.com.au info@ahm.com.au Fax 1300 329 246

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