

Transfer Certificate Request Form



 USE BLACK PEN ONLY AND PRINT IN UPPERCASE

If you're switching from another health insurer, we need a *Transfer certificate* from them to make sure any waiting periods you've already served are recognised and to confirm your Lifetime Health Cover details. You just need to complete this section and then we'll do the running around for you by organising for your previous policy to be cancelled.

TO: Name of existing health insurer	Membership number	Date joined insurer (DDMMYY)	Date paid to with insurer (DDMMYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Given names	<input type="text"/>		Date of birth (DDMMYY)
<input type="text"/>	<input type="text"/>		<input type="text"/>
Street address	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I hereby authorise ahm to terminate my policy with your organisation and obtain full details about my policy. I also authorise ahm, on my behalf, to obtain information, if appropriate from you about policy details including benefit payment. Please stop the deduction of my premium payments from my nominated account (if applicable).

SIGN HERE 	DATE: / /
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Your privacy ahm is subject to the *Privacy Act 1988* and complies with the principles for handling your personal information. ahm's privacy policy can be viewed on the ahm web site www.ahm.com.au or you can call us on 134 246 to have a copy of the policy posted or emailed to you.

Please return completed form to Locked Bag 1006, Matraville NSW 2036

Phone: 134 246 Fax: 1300 329 246 Web: www.ahm.com.au Email: info@ahm.com.au

