



NAVY HEALTH



Clearance Transfer Certificate request

Navy Health membership number (if known)

You need to complete this section if you are transferring your membership to Navy Health from another fund.

Please use this form to authorise Navy Health to terminate your membership with your existing health fund, and to request a Clearance Transfer Certificate on your behalf. This must be signed by the current contributor of your previous fund. If you have a direct debit or salary deduction arrangement with your existing fund, please remember to personally cease the payment arrangement.

Title/Rank Family name

Given names - First Second

Address

Suburb State Postcode

Gender M/F Date of Birth

List all other persons transferring

Name Date of birth

Name Date of birth

Name Date of birth

Name Date of birth

Existing health fund details

Name of existing health fund

Membership number Year joined Date paid to

Cover

I hereby authorise Navy Health to terminate my membership with your organisation with effect from

I further request you to forward a Clearance Transfer Certificate directly to Navy Health - PO Box 172 Box Hill VIC 3128, fax (03) 9880 7939 or email ccerts@navyhealth.com.au. Navy Health is authorised to obtain full details, including claims history, about myself and all other members on my membership.

Signature

Date