

# Transfer Certificate Request



If you are transferring from another Australian Registered Health Fund, please complete the information below and return this form to TUH. We will then forward your completed Transfer Certificate Request form to your existing Health Fund to cancel your membership.

**Please note:** If you have an arrangement with a financial institution or with your employer whereby payments are made automatically, you will need to cancel this arrangement yourself.

<b>TUH Member Name</b>	
<b>TUH Member Number</b>	

## Previous Health Fund Information

<b>Title</b>	<b>Given Name/s</b>	<b>Surname</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address**

<b>Suburb</b>	<b>State</b>	<b>Postcode</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other persons transferring to TUH from existing fund**


**Existing Health Fund Name**

**Membership Number**

**Cancellation Date**

I/We hereby authorise Queensland Teachers' Union Health Fund Limited to terminate my/our membership with my/our existing health fund (named above) and to obtain details about my/our membership, including details of all claims for the previous 12 months. Please send me/us a refund of any premiums paid in advance of my/our cancellation date.

**Signature**

**Date**   -   -

**Queensland Teachers' Union Health Fund Limited**  
ABN 38 085 150 376 A registered health benefits organisation

**Street Address:** 438 St Pauls Terrace FORTITUDE VALLEY QLD 4006  
**Postal Address:** PO Box 265 FORTITUDE VALLEY QLD 4006  
**Toll Free:** 1300 360 701  
**Web:** www.tuh.com.au