

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 form to your existing health fund to cancel your membership.

Note: You will need to cancel any arrangement for premium payments with your previous health insurer.

1. My details

Member name

TUH membership number (if known)

2. Existing fund details

Existing health fund

Membership number

Cancellation date (dd/mm/yy)

3. Persons transferring

Person 1

Given name/s

Surname

Date of birth (dd/mm/yy)

Person 2

Given name/s

Surname

Date of birth (dd/mm/yy)

Person 3

Given name/s

Surname

Date of birth (dd/mm/yy)

Person 4

Given name/s

Surname

Date of birth (dd/mm/yy)

Person 5

Given name/s

Surname

Date of birth (dd/mm/yy)

4. Declaration

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 (dd/mm/yy)

5. Returning this form

-  **Email**
membership@tuh.com.au
-  **Post**
Reply Paid 265
Fortitude Valley QLD 4006