

## Transfer Certificate request

Please print in black ink, using capital letters and mark check boxes with an X.

GU Health Membership No.

With this form you can authorise GU Health to terminate your previous health fund membership and or request a Transfer Certificate on your behalf.

Please complete the information requested below and send your completed form by:

- Scan and email to [corporate@guhealth.com.au](mailto:corporate@guhealth.com.au); or
- FreePost to GU Health, Reply Paid 2988, Melbourne Vic 8060 (no stamp required)

For assistance or more information call your GU Health Member Relations Team on **1800 249 966** between 8.30am and 5pm (AEST) Monday to Friday or email [corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)

### Section 1: Policyholder's details (the person in whose name membership is held)

Title	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Given name	Date of birth	
<input type="text"/>	D D M M Y Y Y Y	
Home address		
<input type="text"/>		
		State Postcode
<input type="text"/>		<input type="text"/>
Work telephone number	Home telephone number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

### Section 2: Transfer Certificate request

(Complete this form only if you're transferring from another Australian health fund and GU Health will cancel your existing health fund membership for you. Please note you must personally advise your bank to cancel your deduction if you have a direct debit arrangement with your existing health fund.)

GU Health will contact your previous Australian health fund to cancel your membership (if still current) and request a Transfer Certificate. If GU Health doesn't receive your Transfer Certificate, waiting periods served with your previous fund and your Lifetime Health Cover status won't be recognised.

If any person nominated on your GU Health membership is transferring from a different Australian health fund than yourself, (or separate policy) please make a copy of this section and complete separately.

Title	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name	Middle initial	Date of birth
<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
Name of previous health fund	Previous fund membership number	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
		State Postcode
<input type="text"/>		<input type="text"/>

**I authorise GU Health to terminate my membership with my previous Australian health fund (if still current) and obtain details concerning** (please mark each applicable box)

Myself  My partner  My dependant(s) Cancellation effective from D D M M Y Y Y Y

I further request my previous Australian health fund to forward a Transfer Certificate within 14 days of receiving this request directly to GU Health GPO Box 2988 Melbourne Vic 8060, or via [corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)

Previous policyholder's signature  Date signed D D M M Y Y Y Y