

# HCF Interfund Transfer Request

Complete and send to:  
**HCF**  
**GPO Box 4242,**  
**Sydney, NSW 2001**

**Membership No.** Complete this form if you have been with an Australian Registered health fund at any time since 1/7/2000

ITR 07/11 v.1 GI13512

**Membership details.** Please use capital letters

Title  Given names

Surname  Date of birth (Day/Month/Year)  /  /  Gender M  F

Home address (Please complete your street number, name and suburb)

Postcode  Phone work  Mobile  Phone home

Postal address (Please complete your street number, name and suburb if different to your home address)

Postcode

R  R  RF  I  SD

I hereby authorise HCF to terminate my membership with your organisation and obtain details about my membership.  
Please provide details concerning:

(Please mark X)  Myself only  All persons covered under the membership

Name of fund from which you are transferring

Other Fund Membership No.

If you have a direct debit arrangement with your existing health fund please remember to personally advise your bank or your pay office (if you pay by payroll deduction) to cancel your deductions.

Signature

Date  /  /

## Notes

1. If any person nominated on your HCF policy were previously insured with a different health fund, a separate Interfund Transfer Request will need to be completed, signed and returned to HCF – See over.
2. Please note your existing health fund may send you the Interfund Transfer Certificate, which you will need to forward to HCF.

# HCF

The Hospitals Contribution Fund of Australia Limited. ABN 68 000 026 746 AFSL 241 414  
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