REQUEST TO CANCEL OVERSEAS VISITORS HEALTH COVER

MUST BE COMPLETED BY THE POLICYHOLDER OR AUTHORISED REPRESENTATIVE

Email your completed form and any required evidence to:
ovhc_service@hcf.com.au
or call:
13 68 42 (13 OVHC)

Please complete all the relevant sections of this cancellation form using CAPITAL LETTERS and a black pen. Mark all appropriate boxes with a CROSS (X). **All areas marked with an ASTERISK (*) must be completed.**

HCF OVHC Membership No.*

1 YOUR PERSONAL DETAILS* (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title | Given name (First name) | Family name (Surname)

Date of birth (DD MM YYYY) | Australian residential address

Suburb | State | Postcode | Phone (inc. country code if outside Australia)

Email address

2 REASON FOR CANCELLING*

Fill out this section if you are applying to cancel your Overseas Visitors Health Cover. In most instances, we will refund any amounts you have pre-paid for premiums. If you want to cancel retrospectively (i.e. on a date before the date you fill out this form), we will only cancel your policy if:
(a) you have left Australia (effective date of cancellation will be the date you left Australia), or
(b) your visa expired before you left Australia and was not replaced with an eligible visa for your policy (effective date of cancellation will be the visa expiry date).
You must provide sufficient evidence of your departure from Australia or visa expiry (as applicable) and it cannot be more than 2 years since the applicable date.

What is the main reason for cancelling your policy?
(Please mark 'X' in 1 box only)

		Evidence required
a.	☐ Visa not granted (including applications to extend stay)	a. Letter from the Department of Home Affairs indicating decline of visa.
b.	☐ Overseas worker or visitor visa expired	b. Letter from the Department of Home Affairs showing visa expiry date.
c.	☐ Joined another insurer	c. Transfer Certificate request from your new provider (showing commencement and expiry dates, listed beneficiaries and type of policy).
d.	☐ Leaving or left Australia	d. Copy of flight ticket, boarding pass or other document confirming your flight out of Australia.
e.	☐ Purchased wrong cover e.g. cover that does not meet visa condition 8501	
f.	☐ Other, please specify:	

3 CANCELLATION DATE

What date are you requesting for your policy to be cancelled from?

(Note: if you are requesting a retrospective cancellation, this must be the date you left Australia or your visa expired.)

4 DECLARATION*

To be completed by the Policyholder or authorised representative. I wish to cancel the OVHC policy and membership (noted above).

Signature of Policyholder/authorised representative | Date (DD MM YYYY)

X

If you complete this application for cancelling your overseas health cover with The Hospitals Contribution Fund of Australia Limited (ABN 69 000 026 746) ('HCF', 'we', 'us', 'our') we'll collect your personal information. We use this information to assess your application for cancellation, and manage the cancellation of your HCF cover. If you do not provide us with this information we may not be able to process your policy cancellation. If you are cancelling Overseas Student Health Cover and you have previously consented, we may also share your personal information with the Department of Home Affairs. Information about how and for what purposes HCF collects, uses and discloses personal information, how to request access to and correction of personal information, how to complain about a privacy breach and how HCF handles personal information is contained in the HCF Privacy Policy. If you have any concerns or queries about privacy, you can email **privacyofficer@hcf.com.au**, visit any HCF branch or call us on **13 68 42** (if you're in Australia) or **+61 2 7230 5100** (if you're overseas).