

## INTERFUND TRANSFER REQUEST

Complete this form if you have been with an Australian Registered health fund at any time since 1/7/2000.

Complete and mail to:  
**HCF**  
**GPO Box 4242**  
**Sydney NSW 2001**  
or email:  
**join.cancel@hcf.com.au**

HCF Membership No.

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

Title	First name	Middle initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Gender (Please mark 'X')	Date of birth (DD MM YYYY)
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>
Home address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone - home	Phone - work	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from your home address)		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
R <input type="checkbox"/>	R <input type="checkbox"/>	RF <input type="checkbox"/>
I <input checked="" type="checkbox"/>	SD <input type="checkbox"/>	

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.**

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call our member services team on **13 13 34** or go to **hcf.com.au**.

Signature	Date (DD MM YYYY)
<input type="text"/>	<input type="text"/>

#### 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.
2. **Please note** your existing health fund may send you the Interfund Transfer Certificate, which you will need to forward to HCF.