



Transfer Certificate

CBHS Corporate Health Pty Ltd ABN 85
609 980 896

If you are transferring from another Health Fund, complete the Transfer Certificate Request and CBHS Corporate Health will cancel your current health fund membership for you. Waiting periods are waived only if you transfer to an equivalent level of cover and have served all waiting periods with your current health fund. Benefits may not be paid until your current health fund forwards a Transfer Certificate to CBHS Corporate Health.



If you and your partner are transferring from separate memberships, you will each need to complete a Transfer Certificate Request. Download additional forms from CBHSCorporateHealth.com.au

Current fund details

Fund name

Membership

Date CBHS Corporate Health cover will commence

Member's details

Title Mr Mrs Miss Ms Dr

Surname

Given names

Date of birth

I authorise CBHS Corporate Health to terminate my membership with your organisation (if still current) and/or obtain details about my membership, including benefit payments and Lifetime Health Cover status and/or refund any contribution paid beyond the date my CBHS Corporate Health Cover commences.

Please provide information to CBHS Corporate Health about:

Myself My partner My dependants

Signature



Date / /

** This form must be signed by the member who has legal responsibility for the "other fund" membership.*