

CBHS  **Transfer Certificate**
CORPORATE CBHS Corporate Health Pty Ltd
ACN 85 609 980 896

If you or your partner are transferring from another registered Health Fund, CBHS Corporate will cancel your existing 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 existing fund. Benefits cannot be paid until your previous fund forwards a transfer certificate to CBHS Corporate.



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

Existing fund details

Fund name

Membership number

Date CBHS Corporate cover will commence

/ /

Member's details

Title Mr Mrs Miss Ms Dr

Surname

Given name(s)

Date of birth

I hereby authorise CBHS Corporate Health Fund Limited to terminate my membership with your organisation (if still current) and/or obtain details about my membership, including my eligibility for a 35% or 40% Rebate under the increased Australian Government Rebate on Private Health Insurance. If applicable, any refund of contributions paid in advance of the date my CBHS Corporate cover commences should be sent to the recorded address.

Please provide information to CBHS Corporate about:

Myself My partner My dependants

Signature



Date / /

** The person signing this form must have legal responsibility for the "other fund" membership.*