

## What you need to do

- ▶ If you or your partner are transferring from another health fund, you will need to complete and sign this form and send it to Defence Health with your application
- ▶ If you and your partner are with different funds or have separate policies with the same fund you will need to complete two of these forms, one for each policy. You can download another form from [defencehealth.com.au](http://defencehealth.com.au)
- ▶ Signatory must have legal responsibility for the health cover at the existing fund
- ▶ Partner's signature is required if your partner is covered on the health cover at the existing fund

If you or your partner has a direct debit arrangement with your current fund, please remember to stop this arrangement.

## Personal Details

### Your personal details

Title or Rank	First name(s)	Last name		
Home address		Suburb	State	Postcode
(if different to home address)				
Postal address		Suburb	State	Postcode
Phone number (please provide at least one number)				
Home	Mobile	Work		
Email address				

## List of all persons transferring

Given name(s)	Last name	Date of birth	Gender M/F

## Details of current fund

Name of current health fund	Current member number
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### Instructions to my current health fund

Please cancel my current health cover from / /  and please forward:

- a refund of contributions paid in advance of this date to me at the above address
- a copy of the Transfer Certificate to me, and
- a copy of my Transfer Certificate directly to Defence Health:
  - by email to [info@defencehealth.com.au](mailto:info@defencehealth.com.au),
  - by fax to **1300 665 096**,
  - or by mail to Defence Health, PO Box 7518, Melbourne VIC 3004

Signature of policy holder

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Signature of partner

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Your current fund will cancel your policy and send you and Defence Health a copy of your 'Transfer Certificate'. The Transfer Certificate enables Defence Health to apply all appropriate waiting period waivers on your new cover and identifies your and your partner's Lifetime Health Cover status - including your certified ages at entry, any applicable loadings and any accumulated days without hospital cover.