



### Transfer Certificate

CBHS Health Fund Limited  
ABN 87 087 648 717

If you or your partner are transferring from another registered Health Fund, CBHS 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.



If you and your partner are transferring from separate memberships, you will each need to complete a Transfer Certificate. Download additional forms from [cbhs.com.au](http://cbhs.com.au)

#### Existing fund details

Fund name

Membership number

Date CBHS cover will commence

#### Member's details

Title

Mr  Mrs  Miss  Ms  Dr

Surname

Given names

Date of birth

I hereby authorise CBHS 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 Private Health Insurance Rebate. If applicable, any refund of contributions paid in advance of the date my CBHS cover commences should be sent to the recorded address.

Please provide information to CBHS about:

Myself  My partner  My dependants

Signature

Date

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