

Transferring from another fund

1. Please complete this form using **black ink** and write within the boxes in CAPITAL LETTERS.
Mark appropriate answer boxes with a cross. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE.**
2. Please complete all details that are relevant to you on both sides of this form.
3. Read the declaration and sign all the signature panels you need to.

Section A: Your details

MBF Policy number (if applicable)

Surname

First name

Section B: Clearance certificate - important information

When transferring to MBF from another Australian registered health fund, a clearance certificate may entitle you to continuity for services provided by and common to both funds. This means that you may not need to re-serve any Waiting Periods when you join MBF, provided that you have already served the relevant Waiting Periods and transferred to MBF within two months of ceasing membership with your previous fund.

If you transfer to a level of MBF cover that provides Benefits not covered by your previous fund or covered by MBF at a higher level (including a lower Excess amount), you must serve the relevant Waiting Periods for the additional Benefits. This means that Benefits will be payable at the original Level of Cover or Excess entitlement until you have satisfied the Waiting Periods.

If you transfer to MBF more than two months after you have ceased membership with your previous fund, you will have to serve all the Waiting Periods applicable to your new level of MBF cover.

Where Limits apply, any Benefits already paid with your previous fund will be taken into account.

Clearance certificate request

All Australian registered health funds are required to issue you with a clearance certificate when you cancel your health cover with them. If you would like us to cancel your existing health fund cover for you and to receive the clearance certificate instead of your existing fund sending it to you, please complete this section. If you have a direct debit arrangement with your existing health fund, **please remember to personally advise your existing health fund to cancel your deductions.**

Section C: Policy details of existing fund

Surname

First name

Title

Date of birth

Level of Cover

Name of existing fund

Existing health fund cover/customer number

Please cross the appropriate boxes (if applicable)

The other health fund cover relates to:

myself my partner my children my parents

I confirm that I/we have held this cover for a minimum of 12 months from the date I/we request to join MBF.

If not, date joined:

Date to which health cover is paid:

I am/we are currently eligible for the

30% 35% 40% Federal Government Rebate

If you or anyone on your Policy are under 65 years of age and believe the higher rebate applies to you then when transferring from another fund, it is essential that we receive a Savings Provision Clearance Certificate from that fund.

I **authorise** MBF to terminate my health cover with your organisation (if still current) from the following date and obtain details about my health cover. Please issue a clearance certificate to MBF. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Date

Section D: Declaration

Signature of Policyholder

Note: the signatory above must have legal responsibility for the health cover at the 'existing fund'.

