



Please complete the following form and Queensland Country Health Fund will arrange to cancel your existing health fund membership for you.

We will ensure any waiting periods you have already served are recognised.

To: Name of other fund

Membership Number of other fund

List of transferring Members

	First Name	Initial	Surname
Self	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby terminate my policy with your organisation from and authorise Queensland Country Health Fund to obtain full details regarding my current policy.

Please issue a Clearance Certificate directly to:
 Queensland Country Health Fund Ltd
 PO Box 42
 Aitkenvale Qld 4814

Please refund any contribution owing to the person named above.

Signature*

Today's Date

* This signatory must have legal responsibility for the "other fund" membership.

Please note:

- ♦ If you and your partner are transferring from separate memberships, you will each need to complete a Clearance Certificate Request.
- ♦ If your premiums are being paid by Direct Debit or deduction from your payroll, you will need to cancel this arrangement.