

Clearance Certificate Request

Your health is all that matters. **hbf**

Previous Health Fund Name

To

Please cancel my health cover and forward a clearance certificate to my new health insurer HBF. Please post to HBF, GPO Box C101, Perth WA 6809, email to membership@hbf.com.au or fax to (08) 9265 6356.

Surname

Given Names

Date of Birth

Previous health fund details:

Member Number

Product name / cover type

Please cancel my policy from:

This Request Relates to:

Myself My Partner All of my Dependants Some of my Dependants (please list Dependants names below)

HBF Member Number

Signature of Policy Holder

Date

Partner details (if you would like your previous fund details released for your partner also, please have them sign below)

Surname

Given Names

Date of Birth

Signature of Partner

Date

PRIVACY STATEMENT

At HBF, we respect the privacy of your personal information. We process personal details on a daily basis and are committed to ensuring that the privacy and security of personal information remains protected. We are bound by the National Privacy Principles (NPPs) set out in the Privacy Act 1988. A privacy statement about personal information collected by HBF is contained in "Your Rights and Obligations" brochure, which is provided to you when you take out cover, or is available on request. Further details on the way we handle personal information are in our Privacy Policy, which is available at hbf.com.au or on request by calling an HBF Member Service Advisor on 133 423.

OFFICE USE ONLY

Date Joined HBF

HBF Member Number