APPLICATION TO CANCEL OVERSEAS VISITORS HEALTH COVER MEMBERSHIP

MUST BE COMPLETED BY THE POLICYHOLDER OR AUTHORISED REPRESENTATIVE

Attach this fully completed cancellation form and email:
ovhc_service@hcf.com.au

or call:
13 68 42 (13 OVHC)

Please complete all the relevant sections of the claim form using CAPITAL LETTERS and a black pen. Mark all appropriate boxes with a CROSS (X). **All areas marked with an ASTERISK (*) must be completed.**

HCF OVHC Membership No.

1 YOUR PERSONAL DETAILS* (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title

First name

Surname

Date of birth (DD MM YYYY)

Home address

Suburb

State

Postcode

Phone - home

Mobile

Email address

2 REASON FOR CANCELLING

1. What is the main reason for cancelling your membership? (Please mark 'X')

a. ☐ Visa declined

b. ☐ Granted permanent residence

c. ☐ Joined another health fund

d. ☐ Left Australia

e. ☐ Other, please specify:

Evidence required

a. ☐ Letter from Department of Home Affairs indicating decline of visa

b. ☐ Copy of permanent residency (PR) visa label from your passport or immigration letter indicating the date when PR will commence.

c. ☐ Transfer Certificate request from your new provider (showing commencement and expiry dates, listed beneficiaries and type of policy).

3 DECLARATION*

To be completed by the Policyholder or an Authorised Third Party. I wish to cancel the OVHC membership with HCF listed above. I understand this will take effect after HCF receives this application and refunds can not be backdated. Any refund due will be paid back to either the credit card or bank account that the premiums have been taken from, excluding the first months premium which is non-refundable.

Signature of policyholder/authorised third party

X

Date (DD MM YYYY)

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call our member services team on **13 68 42** or go to **hcfvisitorhealthcover.com**