

## **INTERFUND TRANSFER REQUEST**

Complete this form if you have been with an Australian Registered health fund at any time since 1/7/2000.

Complete and mail to:
HCF
GPO Box 4242
Sydney NSW 2001
or email:
join.cancel@myhcf.com.au

HCF Membership No.

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Surname		Gender (Please mark 'X') Date of birth (DD MM YYYY)
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Suburb		State Postcode
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## Notes

- 1. If any person nominated on your HCF policy were previously insured with a different health fund, a separate Interfund Transfer Request will need to be completed, signed and returned to HCF.
- 2. Please note your existing health fund may send you the Interfund Transfer Certificate, which you will need to forward to HCF.

ABN 37 001 831 250 AFSL 236 806