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## 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. This is to ensure any waiting periods have been served and to recognise your Lifetime Health Cover details.  
To allow us to obtain these details and/or advise your previous Health Fund your intentions to transfer your cover to us, please complete the details below and sent this form (signed and dated) to the above address via mail, scanned email or fax.

### Member Details

Name:

Address:

Contact Details

(H)

(M)

(W)

### Previous Health Fund Details

Previous Fund Name:

Policy No: (if Known)

Effective Date:

Date Paid to:

### Dependants

Name

D.O.B

### New Fund Details

Fund Name: CDH

Policy No: (if Known)

Start Date:

I hereby authorise CDH on my behalf to obtain the Clearance Certificate and cancel my membership including any payment arrangements with \_\_\_\_\_ from the start date of my policy with Cessnock District Health Benefits Fund.

Please return this Certificate to Cessnock District Health Benefits Fund.

Signature: ..... Date: .....