

Clearance Certificate request

1. Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE**.
2. Please complete all details that are relevant to you on all pages of this form.
3. Read the declaration and sign all the relevant signature panels.

SECTION A: Your details

Bupa membership number	First name
<input type="text"/>	<input type="text"/>
Surname	Initial Title Date of birth Age
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION B: Your partner and/or additional family member details (if applicable)

By providing the details of your partner/additional family members, you acknowledge that you have the consent of each person aged 17 or over to provide this information to us.

Surname	First name	Date of birth	Gender (M/F)	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

All children will be covered under this membership until the age of 21. Any full-time students can continue to be covered under this membership until age 25.

SECTION C: Clearance certificate - Important Information

What is a clearance certificate?

All registered health insurers are required to provide you with a clearance certificate when you cancel your policy with them. A clearance certificate will contain information about your previous cover, and about any Lifetime Health Cover loading you or your partner are required to pay.

What is the clearance certificate used for?

When transferring to Bupa from another registered health insurer, Bupa will require a clearance certificate from your previous insurer. Bupa will use the information on the clearance certificate to determine what waiting periods you are required to serve on your Bupa membership, as well as any Lifetime Health Cover loading that you are required to pay on top of the base premium rate for your cover.

You may not be required to re-serve waiting period for services covered under your Bupa membership and under your previous cover, provided you transfer to Bupa within two months of ceasing membership with your previous insurer.

If you transfer to a level of Bupa cover that provides benefits not covered by your previous insurer, or to a Bupa cover that has a higher level of benefits (including a lower excess), you must serve the relevant waiting periods for any new or higher benefits. During the waiting periods, Bupa will pay benefits based on our equivalent level of cover to the cover you had with your previous insurer.

If we are unable to confirm your coverage with your previous insurer, we may need to update your membership to show that you have joined Bupa without previous health cover. This would mean that waiting periods may apply, and you may be required to pay a Lifetime Health Cover loading.

Where waiting periods apply, any benefits already paid with your previous insurer will be taken into account.

How do I obtain my clearance certificate?

If you would like us to cancel your existing health fund cover for you and receive the clearance certificate on your behalf, please complete this form. If you have a direct debit arrangement with your existing health fund, please remember to cancel the deductions with your bank.

If your partner (as named above) is transferring from another fund, they will need to complete a separate "Clearance Certificate Request". They can access this form at bupa.com.au. Benefits will be payable upon receipt of a Clearance Certificate to determine your entitlements.



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SECTION D: Your health cover details with previous health insurer

Name of previous health insurer

Previous health cover/membership number

Level of cover

The other health fund cover relates to:

myself my partner my children my parents

I confirm that I/we have held this cover for a minimum of 12 months prior to the date I/we request to join Bupa.

If not, date joined:

Date to which health cover is paid:

If you or anyone on your membership are under 65 years old and believe the higher rebate applies to you it is essential that we receive a Savings Provision Clearance Certificate from your previous health fund.

I authorise Bupa to terminate my health cover with your organisation (if still current) from the cancellation date and obtain details about my health cover. Please issue a clearance certificate to Bupa. I declare that I have obtained consent from all transferring adults for Bupa to act on their behalf in obtaining their clearance certificate. Please urgently refund any excess premiums owing to the undersigned. Please do not contact me further about this request.

Cancellation date

Applicant's signature

Date

Note - the above signatory must have legal responsibility for the health cover at the 'previous insurer'.

Just before you send

Check that you have signed all the signature boxes relevant to your application, including the declaration above.
PLEASE DO NOT STAPLE.

Please mail your application (no postage stamp required) to:

Bupa Reply Paid 9809 BRISBANE QLD 4001

If you would like any assistance, please call us on **134 135**.

Bupa HI Pty Ltd ABN 81 000 057 590

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