

CANCELLATION FORM

1. If you are on Overseas Student Health Cover, please call us on 1800 888 942 or email oshc@bupa.com.au before completing this form.
2. 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**.
3. Please complete all details that are relevant to you on all pages of this form.
4. Read the declaration and sign all the relevant signature panels.

Please cross if you are on Overseas Student Health Cover

SECTION A: Your details

Existing Bupa membership number

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Initial Title Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Male Female

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: The person named opposite is the Policyholder and has legal responsibility for the membership and for ensuring that premiums are kept up-to-date. Only the Policyholder is authorised to operate the membership and collect benefits on behalf of another insured person, unless they nominate an authorised person (contact us for further details). All membership correspondence will be directed to the Policyholder unless indicated otherwise.

SECTION B: Contact details

Residential address

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Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mail address (if different from residential address)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home phone (including area code)

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Work phone (including area code)

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Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

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SECTION C: Cancellation of membership

I wish to cancel my membership

- effective from the date it is currently paid to, or
- effective from this date in the future

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Note:

1. The nominated date cannot be earlier than the date we receive this cancellation request.
2. If your policy isn't paid up to the cancellation date, it will be cancelled from the date you paid to.
3. If you want to cancel, but require cover up to a specific date, contact us in advance and we'll bring your payments up to date before we process the cancellation.
4. This form must be completed and returned within 30 days of the initial request for cancellation.

If you have an Overseas Visitors Cover:

5. We will not, however, refund the first months premium paid.

What is the reason for cancelling the policy?

- Customer service Claims issue Product offering Other: Please provide details:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you are transferring to another private health fund you will need a clearance certificate. Is this the case? Yes No

If you would like us to forward the clearance certificate directly to your new private health fund, please provide the name of your new insurer:

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SECTION D: Refund instructions (if you are entitled to a refund)

Refunds can be paid via direct credit to a bank, building society account or credit union account. All payments made by credit card will be refunded into that credit card account only.

We will allow any consumer who has not yet made a claim, to cancel their private health insurance policy and receive a full refund of any premiums paid within a period of 30 days from the commencement date of their policy.

I authorise Bupa to credit my any refund amount to:

<input type="checkbox"/> my existing direct debit account, or	<input type="checkbox"/> the following account:	Account name
		<input type="text"/>
		BSB number
		<input type="text"/> - <input type="text"/>
		Bank account number
		<input type="text"/>

SECTION E: Cancellation declaration

I declare that the above information is true and correct. I understand that Bupa is under no obligation to verify the authority of the undersigned or the bank account details. In cancelling my membership, I understand that if I, or other family members covered on the membership, rejoin at a later date, it may be necessary to re-serve all waiting periods and a Lifetime Health Cover loading may apply. I understand my membership will be cancelled from the date to which it is currently paid, unless specified above. I understand that Bupa may contact me to discuss my cancellation request.

Privacy Statement

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices, please refer to our *Information Handling Policy*, available on our website or by calling us. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Signature of Policyholder	Date	Partner's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This information will only be used for the purpose of arranging your cancellation and we may need to contact you about this. We will not disclose this information to anyone else unless requested. For a copy of our privacy statement please contact us or visit our website.

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 to us to:

Bupa GPO BOX 9809 BRISBANE QLD 4001

If you would like any assistance, please call us on **134 135**. If you are on Overseas Student Health Cover, please call us on 1800 888 942.

Bupa Australia Pty Ltd ABN 81 000 057 590

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Consultant

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