

Clearance/Cancellation Certificate

IMAN member number

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Complete these details to authorise IMAN Australian Health Plans to cancel your policy and obtain details of your existing health fund policy.

NB: If your premiums for your existing health fund are being deducted from your wages you should notify your paymaster to stop those deductions.

Personal details

(of main customer with existing fund)

Surname

Given name(s)

Date of birth

Home address

Postcode	

Other persons transferring to IMAN from existing fund

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Existing health fund details

Fund name

Customer number

Cancellation date

I hereby authorise IMAN to terminate my policy with your organisation and/or obtain details about my policy, including a **fully itemised claims statement** for the previous 12 months. If applicable, any refund of premiums paid in advance of the cancellation date should be sent to me.

Member's signature

X

Date

/ /

iman
AUSTRALIAN
HEALTH PLANS

Please return completed form to: Fax - (02) 9929 3818 or
Post - IMAN Australian Health Plans PO Box 570, Crows Nest NSW 2065.