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## Membership Cancellation and Clearance Certificate Request

I hereby terminate my membership with your organisation and wish to obtain any refund of premiums paid in advance of the cancellation date sent to me at my current address listed below.

### PART A

#### My Personal Details (as per my Current Fund Membership)

Member Name: .....

Date of Birth: ...../...../.....

Address: .....

.....

### PART B

#### Existing Fund Details

Fund Name: .....

Membership Number: .....

Cancellation Date: ...../...../.....

#### Please tick:

- I'd like to cancel my whole membership
- I'd like to only cancel my hospital cover
- I'd like to only cancel my extras cover

**I authorise Reserve Bank Health Society to terminate my membership with your organisation from the above date and obtain appropriate details about my membership. Please forward a Clearance Certificate directly to the Reserve Bank Health Society. I understand that you are bound by Government legislation to provide this information within 14 days and any refund in a prompt manner.**

Signed: ..... Date: ...../...../.....