





**Section eight – date of change**

This change is to take effect from / /

**Section nine – privacy policy**

The privacy policy of rt health fund (as set out here) will apply to the personal information that you submit to rt health fund in this change to membership form.

rt health fund may collect and use personal information about an individual:

- to assist rt health fund in determining whether a person is eligible to join the fund;
- to assist rt health fund in providing (or arranging for third parties to provide) its members with health services and benefits; and
- to send information to its members (including newsletters and emails) for promotional or marketing purposes relating to rt health fund or other organisations that rt health fund promotes ('Materials').

rt health fund may disclose personal information about its members to:

- government authorities, regulatory bodies, law enforcement bodies or agencies where such disclosure is required by law or is desirable in rt health fund's opinion;
- third party organisations that rt health fund uses in the ordinary administration of its business;
- third party service providers for the purposes of providing products and services to members; and
- other parties associated with the administration or operation of rt health fund's functions.

You may request access to personal information about you held by rt health fund by contacting rt health fund at help@rthealthfund.com.au.

By submitting this change to membership form, you consent to rt health fund using, disclosing and transferring the information you provide in this change to membership form and sending Materials to you, as described above.

If you provide personal information of another person to rt health fund (for example, if you apply for or make changes to cover on behalf of your family), then you must ensure that that person has read and understood the privacy policy and separately consents to that personal information being used and disclosed by rt health fund for the purposes set out in the privacy policy and above.

**Section ten – are you adding someone to your membership who is transferring from another fund?**

**This section is to be completed by the transferring person/people.**

This authorises rt health fund to cancel your membership with your current fund and obtain information about your membership. If more than one person is transferring to a couples or family membership who currently have separate health cover, we will require a clearance certificate for each person. Please photocopy this page and complete the details below for each person transferring. If you have any direct debit arrangement in place with your current fund/s, please contact them directly to cancel the debits.

Name of previous health fund you are transferring from \_\_\_\_\_

Previous fund membership number \_\_\_\_\_

Name your previous health fund membership was held in (if different to the name your rt cover will be held in)  
\_\_\_\_\_

Title Mr  Mrs  Ms  Miss  (other) \_\_\_\_\_

Given names

Gender

Male  Female

Family name

Date of birth (dd/mm/yy)

/ /

Date you would like this cover cancelled from / /

Have you had continuous private hospital cover since 1 July 2000?  Yes  No

Have you received an exemption from the Department of Health and Ageing?  Yes  No

\* If yes, please include a copy of your exemption letter with this form.

Declaration for your previous health fund: I authorise rt health fund to terminate my membership from the date specified and obtain from your organisation details relating to my membership, and details of any claims made in the previous 12 months.

**Signature of previous health fund's primary member**

X

\_\_\_\_\_  
Today's date    /    /

