

**POLICY SUSPENSION – Overseas Travel**

Member Number:..... Members Name:.....

Address : .....

.....

**I wish to suspend my membership with Health Care Insurance for the following period:**

Please provide date of commencement of overseas travel. \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide the anticipated date of return to Australia. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Period of suspension must be at least 28 days and no longer than 2 years.**

**Proof of exit and re-entry to the country is required to suspend your policy.**

**E.g. copy of your boarding pass or itinerary.**

**Members may only apply for *suspension* of their membership if, at the time they lodge that application, they have:**

- (1) have held their private health insurance cover for at least 12 months; and
- (2) paid all contributions then due by them.

All persons covered by this policy wish to suspend the policy –

If only particular people on the policy are leaving Australia – please provide their name/s below:

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.....

I declare all details to be true and correct and agree to be bound by the rules of HCl.

**SIGNED:** .....

**NAME:** .....

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_