Rural General Practitioners  
Medical Indemnity Cancellation Form

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| Your details |
| Insured name: |
| Member number: |
| Cancellation date (effective from):   /  / |
| Reason for cancellation: |
| Please select payment method for refund (if applicable):  Direct debit  Cheque |

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| Refund by direct debit (if applicable) |
| Name of account holder: |
| Name of bank: |
| BSB number: |
| Account number: |

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| Refund by cheque (if applicable) |
| Name of the person/practice: |
| Mailing address: |

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| Future communications (optional) |
| Address: |
| Phone number: |
| Email address: |

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| Run off cover |
| Please be advised that VMIA RGP medical insurance cover provides unlimited run off cover for the period you  have been insured with us. Hence, you are not required to purchase retroactive cover through your next insurer for the period you were insured with us. |

Signature: ………………………………………………………… Date:   /  /

We are committed to protecting any information and data, including personal information and health information we collect, handle, store or disclose about you through our services. We manage all information and data, including personal and health information in accordance with the *Victorian Managed Insurance Authority Act* 1996 (Act), the Privacy and Data Protection Act 2014, the Health Records Act 2001, the *Freedom of Information Act* 1981, and our Privacy Policy. From time to time, in accordance with our legislative and regulatory frameworks and applicable laws, we may be required to disclose information concerning policies or claims to government bodies authorised by Victorian or Commonwealth legislation. You have the right to access and correct your personal information, requests should be sent to the Privacy Officer, VMIA, PO Box 18409, Collins Street East, VIC 8003 or privacy@vmia.vic.gov.au. For full details see our [Privacy Policy](https://www.vmia.vic.gov.au/about-us/policies-and-procedures/privacy-policy#:~:text=We%20do%20not%20transfer%20information,obligations%20that%20apply%20to%20us.) online.