



Transferring to Health Assure Plan Management

Please email/post this form to your current plan manager.

Dear Plan Manager,

This letter is formal notice that I wish to change my NDIS plan management to Health Assure Plan Management.

Name on NDIS plan:

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NDIS number:

.....

OR Address:

.....

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Can you please:

- cancel your service bookings
- process all outstanding invoices
- reduce available funds down to zero, and
- advise the cancellation date as per our service agreement.

Thank you for cancelling my plan management service.

Yours sincerely,

Name:

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Date:

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