

Change of Membership Details Form *Please complete in ballpoint pen*

1 My details:

Membership number

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Title	Surname	First name	Sex M/F	Date of birth
				/ /

2 I want to make changes to:

my address details (complete section 3)
 my spouse, partner or dependant details (complete section 4)
 my level of cover (complete section 5)

3 Change my address details:

My new address details are as follows.

Residential address	Suburb	State	Postcode
Postal address <i>if different from above</i>	Suburb	State	Postcode
Telephone (home)	(work)	Mobile	Email

4 Change to spouse, partner or dependant details:

Are all people covered under this application permanent residents of Australia and entitled to full Medicare benefits? YES or NO (Call Australian Unity **13 29 39**)

• Please select an appropriate action and mark it in this box: **A:** Add **R:** Remove

	Surname	First name	Sex M/F	Date of birth	Relationship to member	If dependant is a full-time student Name of Educational Institution	Student number
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Do any of the above persons being added on this cover have any ailment, disability, illness or condition that may require treatment?

You must state YES or NO. If yes, please give details of condition(s):

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Changes effective from: / /

5 Change my level of cover:

IMPORTANT:

Please ensure you tick everything you would like cover for, not just the cover that is changing. For example, if you want to change your Hospital cover but keep your current level of Extras, you need to tick the new Hospital cover and the Extras cover you currently have.

My new cover	<input type="checkbox"/> Single	<input type="checkbox"/> Family / Couple		Commencement date*	/ /
Hospital cover	H4 <input type="checkbox"/> Comprehensive Hospital No Excess	KX <input type="checkbox"/> Non Obstetrics Hospital \$250 Excess	B1 <input type="checkbox"/> Basic Hospital		
	K4 <input type="checkbox"/> Comprehensive Hospital \$250 Excess	JX <input type="checkbox"/> Non Obstetrics Hospital \$500 Excess			
	J4 <input type="checkbox"/> Comprehensive Hospital \$500 Excess	JE <input type="checkbox"/> Hospital Essentials \$500 Excess			
Extras cover	E3 <input type="checkbox"/> Super Extras	E5 <input type="checkbox"/> Harmony Natural Therapies	E2 <input type="checkbox"/> Comprehensive Extras	E7 <input type="checkbox"/> Basic Extras	
Combined cover	LPP <input type="checkbox"/> LifeChoice Plus No Excess	LCL <input type="checkbox"/> LifeChoice No Excess	SK <input type="checkbox"/> Smart Combination \$250 Excess		
	LPX <input type="checkbox"/> LifeChoice Plus with \$250 Excess	LCX <input type="checkbox"/> LifeChoice with \$250 Excess	SJ <input type="checkbox"/> Smart Combination \$500 Excess		
	LPJ <input type="checkbox"/> LifeChoice Plus with \$500 Excess	LCJ <input type="checkbox"/> LifeChoice with \$500 Excess	LB <input type="checkbox"/> Smart Start Singles \$100 Excess		
	BA <input type="checkbox"/> Care'n Repair with \$500 Excess				

*Please note: The changes to premiums following a change in cover will take effect from the Commencement Date of the change, and will be reflected by an adjustment to any future direct debit deductions.

6 Declaration

I declare the information on this application to be true and correct and that I accept and agree to abide by the health benefit fund rules of Australian Unity Health Limited ABN 13 078 722 568. I have read and understand the information contained in the Health Cover Guide (which can be obtained by calling 13 29 39 or visiting australianunity.com.au/downloads), including that regarding pre-existing conditions, waiting periods and benefit exclusions. I confirm that where this form contains personal information about other persons, I have obtained all necessary consents to disclosure that information to Australian Unity, and have the authority to act on the other persons' behalf. I authorise all such persons to make claims on this policy. By signing this application form, I consent to the Australian Unity Group collecting and using personal information for the purposes set out on page 25 of the Health Cover Guide, under the heading "How does Australian Unity protect my privacy?". I understand that Australian Unity utilises call recording for audit, quality and training purposes. If I am eligible to be, or become eligible to be, a member of Australian Unity Limited ABN 23 087 648 888, by signing this application form I also apply to become a member of Australian Unity Limited, and accept and agree to abide by its rules.

Signature of applicant

Date / /