

Student Dependant DECLARATION FORM



Member Details

Name: _____ Member Number: _____
Address: _____
Email: _____ Phone: _____

Dependant Details

Name: _____ Date of Birth: ____ / ____ / ____
Email: _____ Phone: _____
Place of Study or Apprenticeship: _____
Year that Study / Apprenticeship is due to be completed: _____

Member Declaration

- My dependant, as detailed above is registered as a full-time student or engaged in a recognised apprenticeship or traineeship.
- My dependant is not married or in a de-facto relationship.
- I will contact Phoenix Health immediately should any of these details change.
- I understand that the student year runs from 1 March to 28 February, and I may be required to complete a new Dependant Declaration form each year, prior to the end of the student year.
- I will provide proof of student registration / apprenticeship should it be requested by Phoenix Health.

Member's Signature: _____ Date: ____ / ____ / ____

Important Information

- This form is to be completed by the Policy Holder or someone who has been granted authority to do so.
- This information is collected to assess eligibility for dependant cover and administer your membership. See Phoenix Health's Privacy Policy for details.
- Dependants over the age of 21 are no longer covered on a Family membership, unless they are registered as a full-time student or apprentice, using this form.
- A Student Dependant must be over 21 and under 25 years old and enrolled as a full-time student at an educational facility or engaged in an apprenticeship or traineeship at a Registered Training Organisation (RTO), TAFE or equivalent body.
- The student year runs from 1 March to 28 February each year. Dependants need to be registered prior to their 21st birthday and again each year prior to 28 Feb to ensure continuity of cover.
- Proof of full-time study or apprenticeship / traineeship must be provided if requested by Phoenix Health.

Visit phoenixhealthfund.com.au/members/dependants for more information

