

Student DECLARATION FORM



Member Details

Member number: _____ Date of birth: / /

Member first name: _____ Member surname: _____

Address: _____ Postcode: _____

Phone: _____ Email: _____

Dependant's name: _____ Date of birth: / /

Place of full time study: _____

Declaration

I declare that my above named son/daughter is:

- ☐ Under the age of 25 years
- ☐ Registered with the above educational facility as a full time student
- ☐ Currently in my care
- ☐ Not married or in a defacto relationship

And I will:

- Contact Phoenix Health immediately should any of these details change
- Provide proof of my dependants full time student registration, if requested by the fund

Signature of member:

Date: / /

Please note:

- This form is to be completed by the Policy Holder, or someone who has been granted authority to do so.
- Dependants over the age of 21 years are no longer eligible to be covered under a Family membership, unless they are registered as a full time student, by completing this form.
- The student year runs from 1 March to 28 February, and a new form is required each year (prior to the commencement of the new student year on 1 March). Failure to complete a student registration form may result in the removal of the dependant from the Family membership and waiting periods may then apply.
- A registration form must be completed for each student dependant listed on a Family membership.

Phoenix Health Fund Ltd

PO Box 156 Newcastle NSW 2300 | ABN 93 000 124 863

Monday – Friday: 8:00am – 5:00pm (AEST)



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