Student **DECLARATION FORM**



Member Details

Member number:	Date of birth: D D / M M / Y Y Y Y
Member first name:	Member surname:
Address:	Postcode:
Phone:	Email:
Dependant's name:	Date of birth: D D / M M / Y Y Y Y
Place of full time study:	
Year student is due to complete 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:	D	D	/ M	M /	Y	Y	Y	Y
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Please note

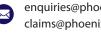
- This form is to be completed by the Policy Holder, or someone who has been granted authority to do so.
- Dependants over the age of 21 years are no longer eligible to be covered under a Family membership, unless they are registered as a full time student, by completing this form.
- The student year 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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