

Student Dependant Declaration form

Policy holder details (please print).

First name Second initial

Family name

Address

Suburb/City

State Postcode

Medibank Private Membership number (if you have one)

Preferred Method of Communication (please specify).

- Business phone
- Mobile phone
- Home phone
- Email

Student details.

Dependant 1

Name of Dependant

Date of birth (DD/MM/YYYY)

Name of school, college or university

Dependant 2

Name of Dependant

Date of birth (DD/MM/YYYY)

Name of school, college or university

Dependant 3

Name of Dependant

Date of birth (DD/MM/YYYY)

Name of school, college or university

Dependant 4

Name of Dependant

Date of birth (DD/MM/YYYY)

Name of school, college or university

Declaration.

I declare that the above mentioned Dependant is:

- Single (unmarried and not living in a de facto relationship); and
- Studying full time at an Australian educational institution; and
- Under the age of 31

I understand that if any of the details above change, my above mentioned Dependant may not receive benefits under my membership. I will advise Medibank of any changes immediately.

By signing this, I give consent to include the above mentioned Dependant on my membership.

Signature of policy holder

Date

Print form

Reset form

Once complete, return the form via post to Medibank Private, GPO Box 9999 in your capital city or fax it to (07) 3026 0557. For all enquiries please call 132 331.