

# Parent/Guardian Declaration

Children under 16 are not able to operate their own GU Health policy. For parents and guardians who wish to purchase a single policy for their child under 16, we require you to complete a declaration that states you are the parent or legal guardian of the child. We also require sufficient personal information to enable us to verify your identity when you contact GU Health regarding the policy.

## Details

Policy number/Membership number

Your full name

Parent/Guardian phone

Parent/Guardian date of birth (DD/MM/YYYY)

Parent/Guardian residential address (postal address will not be accepted)

Suburb

State

Postcode

## Declaration

I, \_\_\_\_\_ (print name)

declare that I am the legal:

Parent  Guardian of (child's name) \_\_\_\_\_

Signature

Date

If you are the legal guardian, please ensure you have provided us with the relevant supporting documentation. This includes any relevant legal or court documentation (which may include State Appointed Orders).



**Need help?**

Visit [guhealth.com.au/contact-us](https://guhealth.com.au/contact-us)



**Please return your completed form via**

Email: [corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)

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