GUHealth

Third Party Access

Please print in black ink, using capital letters and mark check boxes with an X.

GU Health Membership No.

With this form you can nominate a person to have access to your membership. The nominated person will be able to access information and make changes to your membership, but they can't cancel it. If your spouse/partner is named on the membership he/she automatically has this entitlement. If a Power of Attorney exists, please attach a certified copy of this document.

Please complete the information requested below and send your completed form by:

- Scan and email to corporate@guhealth.com.au; **or**
- FreePost to GU Health, Reply Paid 2988, Melbourne Vic 8060 (no stamp required)

For assistance or more information call your GU Health Member Relations Team on **1800 249 966** between 8.30am and 5pm (AEST) Monday to Friday **or** email corporate@guhealth.com.au

Section 1: Policyholder's details (the person in whose name membership is held)

Title | Surname | Gender (M F)

Given name | Date of birth (D D M M Y Y Y Y)

Home address

State | Postcode

Work telephone number | Home telephone number | Mobile number

Email address

Section 2: Nominated person's details

Title | Surname | Gender (M F)

Given name | Date of birth (D D M M Y Y Y Y)

Home address

State | Postcode

Relationship to policyholder

Nominated person's signature | Date signed (D D M M Y Y Y Y)

Section 3: Declaration (must be signed)

I declare and acknowledge that I have read and understood GU Health's Privacy Policy. I recognise that this authority will allow the person nominated on this form the same level of access as I have, but they will be unable to cancel the membership. I understand that I may revoke this authorisation at any time by writing to GU Health.

Policyholder's signature | Date signed (D D M M Y Y Y Y)