

Third Party Access

 If completing a paper form, use black pen only and use capital letters – please indicate with a **X** in the appropriate check boxes

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**

1 Membership holder's details – the person in whose name membership is held

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Telephone
<input type="text"/>		<input type="text"/>
Date of birth	Gender	
<input type="text"/> (DD/MM/YYYY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Nominated person's details

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	
<input type="text"/> (DD/MM/YYYY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Membership holder		
<input type="text"/>		
Nominated person's signature	Date signed	
<input type="text"/>	<input type="text"/> (DD/MM/YYYY)	

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.

Membership holder's signature	Date signed
<input type="text"/>	<input type="text"/> (DD/MM/YYYY)