

Register a student dependant

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

GU Health Membership No.

With this form you can register a student dependant so that he or she remains covered under your family membership.

A student dependant is anyone covered under your family membership who is between the ages of 21 and 24 inclusive: without a partner, dependent on the policyholder, and studying full time at an approved Australian school, college or university. You need to notify GU Health if the member is still a student, either by phone or email, at the start of every calendar year.

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
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Given name	Date of birth	
<input type="text"/>	D D M M Y Y Y Y	
Home address		
<input type="text"/>		
State		Postcode
<input type="text"/>		<input type="text"/>
Work telephone number	Home telephone number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

Section 2: Student dependant/s (Photocopy this section if more dependants)

Title	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Given name	Date of birth	
<input type="text"/>	D D M M Y Y Y Y	
Name of Australian school/college/university	Course start	and end dates
<input type="text"/>	/ /	/ /
Student number	<input type="text"/>	
<input type="text"/>		
Title	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Given name	Date of birth	
<input type="text"/>	D D M M Y Y Y Y	
Name of Australian school/college/university	Course start	and end dates
<input type="text"/>	/ /	/ /
Student number	<input type="text"/>	
<input type="text"/>		

Section 3: Declaration (must be signed)

I hereby declare and acknowledge that I understand that the person/s named above will be considered to be student dependant/s while he/she remains dependent on me, without a partner, and a full-time student between the ages of 21 and 24 (inclusive): Should these circumstances change I will notify GU Health immediately.

Policyholder's signature

Date signed