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## STUDENT DEPENDANT DECLARATION

As per the Rules of the Reserve Bank Health Society:

- A.** (name) ..... (Student Dependant) is currently a full-time or part-time student at a school, TAFE college and earning under the tax free threshold; or
- B.** (name) ..... (Student Dependant) is not studying and is financially dependent and or earning under the tax free threshold; or
- C.** I wish to notify the RBHS that (name)..... (Non-Student Dependant) is no longer a student. Please cease his/her cover and issue a clearance certificate.

If **A**, either complete the following or attach proof of enrolment:

**Name of the Educational Facility**.....

**Course**.....

**Student ID number**.....

**Enrolled for:** [please tick]

- Semester 1 only
- Semester 2 only
- Semesters 1 and 2

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### Declaration

- I declare that I have received consent from Student Dependant/Non-Student Dependant (whichever is relevant) to disclose their personal information for the purposes of declaring their Student Dependant status. They acknowledge and agree to their personal information being disclosed in this Student Dependant Declaration form and I have disclosed RBHS's Privacy Policy to them - <https://www.myrbhs.com.au/privacypolicy>.
- I and Student Dependant/Non-Student Dependant (whichever is relevant) acknowledge and agree with RBHS' Privacy Policy and Fund Rules
- I declare that the information I have provided is true and correct and understand that there are penalties for giving false or misleading information.

I (member name) ..... certify that the information provided above is correct.

Signed .....

Membership No. ....

Date ...../...../.....