

Locked Bag 23 Wollongong NSW 2500

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## STUDENT DEPENDANT DECLARATION

Complete this form to add a Student Dependiant to your cover. Eligibility requires Dependants to be:

- Aged 18 to 24 (inclusive) years, and
- Without a partner, and
- A full-time student at a school, college or university, or are undertaking a traineeship or apprenticeship.

Please complete the relevant option below:

**A. (name)..... (Student Dependiant) is currently a full-time student at a school, college, or university.**

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

**Course**.....

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

**Student Email Address**.....

**Student Phone Number**.....

**Enrolled for:** [please tick]

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

**B. (name)..... (Student Dependiant) is currently undertaking a traineeship or apprenticeship.**

**Type of Apprenticeship or Traineeship**.....

**Apprentice/Trainee Email Address**.....

**Employer**..... **Apprentice/Trainee Phone Number**.....

**C. (name)..... is no longer a Student Dependiant. Please contact us about updating the membership to be Extended Family cover\* (this will affect your premiums).**

*\*Extended family cover does not apply to our Bronze Plus Hospital cover.*

**D. (name)..... is no longer a Student Dependiant. Please cease their cover and issue a clearance certificate.**

### Declaration

- I declare that I have received consent from Student Dependant 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' Privacy Policy to them: [myrbhs.com.au/privacypolicy](http://myrbhs.com.au/privacypolicy).
- I and Student Dependant 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 is correct.

Signed .....

Membership No. ....

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

Please return this form via:

- Post: Locked Bag 23, Wollongong NSW 2500
- The [RBHS app](#) using the [Submit Document](#) feature
- Email: [info@myrbhs.com.au](mailto:info@myrbhs.com.au)