

Locked Bag 23 Wollongong NSW 2500
Phone: 1800 027 299
Fax: 1300 309 704
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STUDENT DEPENDANT DECLARATION

As per the Rules of the Reserve Bank Health Society:

A. (name) (Student Dependand) 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 Dependand) is not studying and is financially dependent and or earning under the tax free threshold; or

C. (name) (Student Dependand) is no longer a student and is earning over the tax free threshold. Please update the membership to be Extended Family cover.

D. I wish to notify the RBHS that (name)..... (Non-Student Dependand) 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.....

Student Email Address..... **Student Phone Number**.....

Enrolled for: [please tick]

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

Declaration

- I declare that I have received consent from Student Dependand/Non-Student Dependand (whichever is relevant) to disclose their personal information for the purposes of declaring their Student Dependand status. They acknowledge and agree to their personal information being disclosed in this Student Dependand Declaration form and I have disclosed RBHS's Privacy Policy to them - <https://www.myrbhs.com.au/privacypolicy>.
- I and Student Dependand/Non-Student Dependand (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/...../.....

Please return this form via

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