Spouse/Partner Authority



TUH will permit a Primary Member to request in writing or via phone, for their Spouse/Partner to be authorised to operate the Policy as though the Spouse/Partner is the Primary Member. The Primary Member can change or withdraw this authority at any time by advising our office in writing or by phoning our Customer Contact Centre on 1300 360 701.

TUH Member Na	ame								
TUH Member Nu	umber								
AUTHORITY TO	Аст								
	By appointing the person	below to act o	n your	behalf, TUI	H may:				
 Seek information from that person Provide information to that person Act on instruction from that person 									
	TUH will act on requests received	l via email, tel	∍phone,	, in writing	and in p	ersor	1		
SPOUSE/PART	NER DETAILS								
Title	Given Name/s	пе							
Address		_							
Suburb		State		Postcode			Date o	of Birth	
			\neg						
AUTHORITY									
Member Signature				Date		1 _ [<u> </u>	1 ₋ F	
				Date] - [
	This form does not permit your spouse/ştion regarding the rights your spouse/par								
	chers' Union Health Fund Limited 376 A registered health benefits organis	sation							
Street Address:	438 St Pauls Terrace, Fortitude Valley QLD	0 4006							
Postal Address: . Toll Free:	. PO Box 265 Fortitude Valley QLD 4006 1300 360 701								
Email: Web:	membership@tuh.com.au tuh.com.au								