

Extended Dependant Cover

TUH offers single parents and families with non-student children the opportunity to purchase extended dependant cover. This will allow young adults who are single/unmarried, not covered as a student dependant and earning less than \$50, 000 a year to be covered on their parents' policy until the age of 25.

Extended Dependant Cover is available on Ultimate Choice cover for a premium loading of approximately 25%, on Easy Choice cover for a premium loading of approximately 30% and on Total Care Hospital with excess + Comprehensive general treatments (HXAN) cover for a premium loading of approximately 30%. Extended Dependant cover is NOT available for any other TUH products.

If your dependant is still eligible to be covered as a Student Dependant, please complete a Student Dependant Registration form. DO NOT complete this form.

Additional person/s to be covered: should any additional person/s be transferring from an existing TUH membership or transferring from another health fund, please ensure you also complete a Transfer Certificate Request form to enable TUH to forward your request to your existing Health Fund to cancel your cover/membership.

TUH Member Name	
TUH Member Number	

MY CHOICE OF COVER (please tick one)

Family Cover Single Parent Cover

THE PRODUCT I REQUIRE IS (Please tick level of cover required. Only select one box.)

COVER (hospital and general cover)

Ultimate Choice Easy Choice Total Care Hospital (\$300/\$600 excess with Comprehensive Extras)

ADDITIONAL PERSON/S TO BE COVERED (Only complete this section if changes are required)

Surname	Given Name/s	Date of Birth	Relationship	Fund Name*

* Please indicate if additional person(s) are currently covered by another TUH policy or another health fund.

I WOULD LIKE MY CHANGE OF COVER TO COMMENCE

From - - (nominate a date in the future)

DECLARATION

I authorise TUH to alter my current payment authority and amount to reflect this change of cover. I acknowledge that any upgrade to my level of cover is subject to the Pre-existing Condition rule and waiting periods as explained in the Product Benefit Services Guide. All persons covered in this declaration are permanent residents of Australia.

Authorised Person Signature*

Date - -

*Authorised person is classified as either the main member or the spouse/partner who has been given authority on the membership.

Privacy Statement: Personal information provided by you on this form will be used to deliver the health insurance products and services you requested. Failure to provide all of the required information may result in delays or prevent us from completing your request. The information we collect from you is confidential. We will only disclose this information to third parties who are contracted to the fund to provide services or health programs. These contracts ensure that third parties keep your information secure and confidential. You are entitled to access your personal information and to make corrections if needed.

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