

Change to membership details

- Use this form to update details on your TUH membership. You can also access and update your membership details on Member Services Online via www.tuh.com.au
- Only the main member or authorised spouse/partner may change membership details.

Name	Membership number
<input type="text"/>	<input type="text"/>

1. I wish to change

<input type="checkbox"/> My contact details (Please complete sections 2, 5 and 7)	<input type="checkbox"/> My TUH cover (Please complete sections 2,3,4,5 and 7. Also complete 6 if adding a person)
<input type="checkbox"/> A name on my membership (Please complete sections 2, 6 and 7)	<input type="checkbox"/> Primary ownership of my membership* (Please complete sections 2,3,5,6 and 7)

* Please also complete and send us an Australian Government Rebate form.

Please complete only the sections below that relate to the change you wish to make.

2. Contact details

Complete only if any details have changed (if you're not sure, please provide your current details).

Address

Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Home phone <input type="text"/>	Work phone <input type="text"/>	Mobile phone <input type="text"/>
Email address <input type="text"/>	Communication preference <input type="checkbox"/> Email <input type="checkbox"/> Mail	

3. My cover is for

<input type="checkbox"/> Single (Just me)	<input type="checkbox"/> Two adults (Me and my partner or other adult)	<input type="checkbox"/> Family (Me, my partner and our child(ren))	<input type="checkbox"/> Single parent (Me and my dependent child(ren))
<input type="checkbox"/> Extended Dependant Only available for family or single parent covers with Ultimate Choice, Easy Choice or Total Care Hospital (\$300 excess p/adult) + Comprehensive Extras. Please select this box in addition to the 'Single parent' or 'Family' cover box.			

4. Cover type

Please select the cover required. Only select one box if choosing a package cover. Please refer to the product brochure(s) and the Important Information Guide (available from www.tuh.com.au or on request) before completing this section.

Package cover (hospital plus extras - only select one)

<input type="checkbox"/> Ultimate Choice	<input type="checkbox"/> Easy Choice	<input type="checkbox"/> Young Choice
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Hospital cover (stand alone or combine with an extras cover)

<input type="checkbox"/> Total Care - nil excess	<input type="checkbox"/> Total Care - \$300 excess p/adult	<input type="checkbox"/> Total care - \$500 excess p/adult
<input type="checkbox"/> Mid Range- \$250 excess p/adult (only available with an extras cover)	<input type="checkbox"/> Budget - \$250 excess p/adult	

Extras cover (stand alone or combine with a hospital cover)

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Healthy Options (60%)	<input type="checkbox"/> Family	<input type="checkbox"/> Mid Range	<input type="checkbox"/> Basic
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5. Change date

<input type="checkbox"/> Immediately when my request has been accepted (an initial payment may be required and/or an adjustment premium may be required at a later date)
<input type="checkbox"/> From <input type="text"/> (Nominate a date in the future) (dd/mm/yy)

6. Persons to be added/changed/removed

Use another form if more space is needed. For a change of name, list previous name and tick 'Remove from membership', then list new name and tick 'Add to membership'.

Surname Given name/s Date of birth (dd/mm/yy)

Relationship Please select where applicable:
 Add to membership[†] Remove from membership* Request membership card

Surname Given name/s Date of birth (dd/mm/yy)

Relationship Please select where applicable:
 Add to membership Remove from membership Request membership card

Surname Given name/s Date of birth (dd/mm/yy)

Relationship Please select where applicable:
 Add to membership Remove from membership Request membership card

Surname Given name/s Date of birth (dd/mm/yy)

Relationship Please select where applicable:
 Add to membership Remove from membership Request membership card

Surname Given name/s Date of birth (dd/mm/yy)

Relationship Please select where applicable:
 Add to membership Remove from membership Request membership card

[†] Previous health fund (if applicable)

* If deceased, please provide date of death (dd/mm/yy)

7. Declaration

I declare that:

- The information I've provided in this request is correct and complete;
- I agree to be bound by the Fund Rules and Constitution of TUH as amended from time to time;
- I understand that any changes to my cover may change my premiums;
- I have had the opportunity to read the Important Information Guide and the product brochure for my cover;
- I understand the terms and conditions of my cover, including the benefit entitlements, waiting periods, pre-existing conditions rules, exclusions, restrictions, benefit limitation periods and excesses that may apply;
- I am aware that details of TUH's Privacy Policy are available on TUH's website or on request. I consent to TUH collecting, using and/or disclosing my personal information for the purposes in its Privacy Policy;
- (if applicable) I am authorised to act on behalf of my partner and/or dependants that I have named in this request; and
- I am aware that I have a 30 day cooling-off period that commences from the change of cover date.

TUH may use the information provided by me in this form to offer additional services. If you do not wish to receive this information, please tick here.


Signature


Date (dd/mm/yy)

This application is effective from the date received by TUH and cannot be backdated.

8. Returning this form

Email
membership@tuh.com.au

 Post
Reply Paid 265
Fortitude Valley QLD 4006

 In person
438 St Pauls Terrace
Fortitude Valley