

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.

Member name

TUH membership number (if known)

1. I wish to change

My contact details
Complete sections 2, 5 and 7.

My TUH cover
Complete sections 2-5 and 7. Also complete 6 if adding a person.

A name on my membership
Complete sections 2, 6 and 7.

Primary ownership of my membership*
Complete sections 2-3 and 5-7.
*Please also send us a completed 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

State

Postcode

Home phone

Work phone

Mobile phone

Email address

Communication preference

Email

Mail

3. My cover is for

Single

Single parent

Family

Couple

Extended dependant

If you require Extended Dependand Cover, please select this box in addition to the Single Parent Cover or Family Cover box. This option is only available when Ultimate Choice, Easy Choice or Total Care Hospital (\$600 family/\$300 single excess) + Comprehensive Extras cover is selected.

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

Ultimate Choice

Easy Choice

Young Choice

Hospital cover

Total Care—No excess

Total Care—\$300 excess p/adult

Total Care—\$500 excess p/adult

Budget—\$250 excess p/adult

Extras cover

Comprehensive

Healthy Options 60%

Family

Mid Range

Basic

5. Change date

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.

Nominate a date in the future

(dd/mm/yy)

3. Persons affected

Person 1

Given name/s

Surname

Date of birth (dd/mm/yy)

/ /

Relationship

Please select where applicable

Add to membership*

Remove from membership†

Request membership card

Person 2

Given name/s

Surname

Date of birth (dd/mm/yy)

/ /

Relationship

Please select where applicable

Add to membership*

Remove from membership†

Request membership card

Person 3

Given name/s

Surname

Date of birth (dd/mm/yy)

/ /

Relationship

Please select where applicable

Add to membership*

Remove from membership†

Request membership card

Person 4

Given name/s

Surname

Date of birth (dd/mm/yy)

/ /

Relationship

Please select where applicable

Add to membership*

Remove from membership†

Request membership card

†If applicable, previous health fund

*If deceased, 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.

I hereby authorise my spouse/partner to operate the policy as a primary member.

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