

# Adult Dependant Registration

- All TUH family and single parent policies cover dependants up to age 21.
- Dependants who are studying full-time at a recognised education facility can remain on their family's policy until they reach age 25.
- Members with the following covers may purchase extended cover for their dependants aged 21-25: Ultimate Choice; Easy Choice; Total Care Hospital 300/600 excess (when combined with Comprehensive Extras); and Family Hospital, Advantage Hospital No Pregnancy, and Budget Hospital (stand-alone or combined with an extras cover).
- Use this form to register your dependant as a student or purchase extended dependant cover.

Member name

Membership number

## 1. Dependant's details

Name

Date of birth (dd/mm/yy)

Relationship

## 2. Register a student dependant

Only complete this section if you wish to register a dependant who is undertaking full-time study at school, college or university.

Name of school

Location

Course start date (dd/mm/yy)

Expected completion date (dd/mm/yy)

The student will be removed from your membership on this date unless we receive additional advice from you.

Your dependant is no longer eligible for student dependant status if the period of education is not continuous for whole academic year (1 April of the current year to 31 March of the following year) or the student discontinues or defers the course of study.

## 3. Purchase extended dependant cover

Only complete this section if you wish to add a non-student dependant aged between 21-25 years. Eligibility criteria and premium loading apply. **In making this application you agree to alter your current payment authority and amount to reflect this change to your cover.**

**Change of cover to commence:**

Immediately when my request has been accepted

Nominate a date in the future

(dd/mm/yy)

## 4. Acknowledgement and declaration

**I declare that my dependant is:**

- aged under 25 years
- unmarried and not in a de-facto relationship

If any of the above conditions no longer apply, registration ceases from that date and I will notify TUH immediately.

TUH reserves the right to verify eligibility for registration. Personal information provided by you on this form will be used in accordance with TUH's Privacy Policy available at [tuh.com.au/privacy](http://tuh.com.au/privacy).

Signature

Date (dd/mm/yy)

## 5. Returning this form

-  **Email**  
membership@tuh.com.au
-  **Post**  
Reply Paid 265  
Fortitude Valley QLD 4006