

Authority Form

Please complete and send to:

PO Box 545, Strawberry Hills NSW 2012 or email to enquiries@transporthealth.com.au



THIS FORM SHOULD BE COMPLETED BY THE MEMBER TO GRANT ANOTHER PERSON – ‘THE AUTHORISED PERSON’ – AUTHORITY TO ACCESS THEIR POLICY. AUTHORISED PERSONS MUST BE OVER 18 YEARS OF AGE.

Member Details

Member Number	Family Name	Given Names	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Address			Postcode
<input type="text"/>			<input type="text"/>
Phone	<input type="text"/>		

Authorised Person's Details

Family Name	Given Names	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Phone	Relationship to Member	
<input type="text"/>	<input type="text"/>	

Member Authorisation

As the member I give the authorised person, the same rights to operate the policy as I have. I acknowledge that the authorised person will have the same rights and obligations as I have, including the ability to access health information, however, I acknowledge, that only I will be able to cancel the policy or remove myself from the policy. I acknowledge that this authority will remain active on my policy until I contact the fund and request it be revoked.

Signature of Member	Date
<input type="text"/>	<input type="text" value="/ /"/>
Signature of Authorised Person	Date
<input type="text"/>	<input type="text" value="/ /"/>