

# Student Dependant Registration (21-24yrs)

To be completed by the Member. Please complete and send to:

PO Box 545, Strawberry Hills NSW 2012 or email to [enquiries@transporthealth.com.au](mailto:enquiries@transporthealth.com.au)



Member Number

Member Name

Your Current Postal Address

Telephone

Email Address

Name of Student Dependant

Date of Birth

Name of Educational Institution

Name of Course

Student Number

Estimated Completion date of Course

## Member Declaration:

I confirm that the above named student dependant is:

- unmarried and not in a de facto relationship
- under the age of 25 and undertaking a recognised full-time course of study.

I understand that this declaration applies for the current academic/calendar year and if the above conditions change at any time during the year, cover will cease from this date and I will advise Transport Health immediately of any change.

I declare that the information I have provided is correct. I understand that penalties apply for giving false or misleading information.

Signature of Member

Date

Signature of Student Dependant

Date