

CHANGE TO MEMBERSHIP DETAILS

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

Member name

Membership number

1. I wish to change

My contact details
Complete sections 2, 5 and 7.

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

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

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 available on all open hospital covers except for Gold Hospital.

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 unionhealth.com.au) before completing this section.

Hospital cover

Excess (per adult)

Gold Hospital*	\$500	
Silver+ Family Hospital	\$400	\$750
Silver+ No Pregnancy Hospital	\$400	\$750
Bronze+ Hospital	\$500	\$750
Basic+ Hospital	\$500	\$750

Extras cover

Comprehensive Extras
Family Extras
Everyday Extras
Healthy Options Extras
Mid Range Extras
Basic Extras

*Only available in conjunction with an Extras product

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's Rules and Constitution of Union Health 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 and excesses that may apply;
- I am aware that details of Union Health's Privacy Policy are available on Union Health's website or on request. I consent to Union Health 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 Union Health and cannot be backdated.

8. Returning this form

✉ Email
membership@unionhealth.com.au



Post
Reply Paid 265
Fortitude Valley QLD 4006