

POLICY HOLDER DETAILS

Surname	Mr / Mrs / Ms / Miss	Qld Country Health Member No.	
Given Names			
Address			
		State	Postcode
Telephone	(Home)	(Work)	(Mobile)
Email			

DEPENDANT CHILD DETAILS

Surname	
Given Names	
Date of Birth	
Relationship	

I declare that the dependant child named above is a legitimate child, an adopted child, a foster child, a stepchild, or an ex-nuptial child of the policy holder who:

- (i) (a) has not attained the age of 21 years, or
- (b) is a full-time student (at a school, college or university who is not aged 25 years or over, or
- (c) is an apprentice who is not aged 25 years or over and does not earn more than \$20,000 p.a.
- (ii) does not have a partner (i.e. a spouse or other person living with him/her in a genuine domestic relationship)

Signature of Policy Holder		Date	
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Once a person no longer meets the requirements of the above definition, that person will not continue to be covered under the family membership policy.

OFFICE USE ONLY

APPROVED	DATE PROCESSED	RECORDS NOTED