



Young Adult Membership Application Form

Return completed form to:
Navy Health - PO Box 172 Box Hill VIC 3128
or email to query@navyhealth.com.au

For more information, please call 1300 306 289.

Current member to complete:

(eg. parent, power of attorney)

1. Young Adult Membership eligibility

Member name

Membership number (if known)

I acknowledge that

is no longer entitled to full dependant cover under my membership. They have chosen to take out:

Extras cover on their own policy and retain hospital cover under my membership as part of Navy Health's Young Adult membership.

Independent cover, as they do not qualify for Young Adult Membership. To apply, please go to navyhealth.com.au or for more information phone 1300 306 289.

I have enclosed all completed application forms. I acknowledge that Young Adult Membership hospital cover is subject to any movement of cover on my membership and my dependant maintaining eligibility under the scheme. I will inform Navy Health of any change in circumstance that will affect my dependant's eligibility.

Parent's Signature

Date

Young adult to complete:

1. What are your details?

Title

Family name

Given names - First

Second

Address

Suburb

State

Postcode

Phone (Business hours)

Phone (After hours)

Mobile

Gender M/F

Date of Birth

Email

Please tick box if you wish to receive membership information via SMS Email

2. Would you like to allow others to operate your membership? (Young adult to complete)

Do you authorise another person to operate this membership? (e.g. parent, power of attorney*) Yes No

Name

Relationship

To operate membership **OR** To query membership * Requires Power of Attorney documentation to be provided.

3. What level of extras cover do you require? (Young adult to complete)

Premium Extras Healthy Living Extras Budget Extras to commence from / /

4. Payment Options (Young adult to complete)

Monthly Half-yearly Yearly For the amount of \$.

Direct debit - Bank/Financial institution

I/we request Navy Health (Id. No. 25776) to debit funds from my/our nominated account according to the details specified below through the Electronic Banking System. This authorisation is to remain in force in accordance with the terms described in the Direct Debit Service Agreement. If my premium for my cover changes, I authorise Navy Health to alter the amount to be charged, from the appropriate date, and for the appropriate amount.

Financial institution

Account name

BSB number

Account number

I/we request that you debit the amount listed above, at the payment frequency specified. The exact debit amount will under normal circumstances reflect your regular premium however debits may vary if payment amounts are not received within stated guidelines.

I/we authorise the following:

- 1. The direct debit user to verify the details of the above mentioned account with my/our financial institution.
- 2. The financial institution to release information allowing the debit user to verify the above mentioned account details.

Signature

Date

/ /

Direct debit - Credit card

To protect your privacy Navy Health cannot request credit card information to be written on the application form. If you would prefer to pay your premiums with a credit card, please tick the box above and we will contact you regarding your ongoing credit card payment once your membership application is completed.

5. Declaration

I have read and understood the information and conditions associated with my policy and accept to abide by the rules of the fund. I acknowledge that I have read, understood and retained the information provided to me regarding pre-existing conditions, waiting periods, benefit limitations, and excesses that may apply.

Signature

Date

 / / 

1300 306 289

navyhealth.com.au



Navy Health Limited
A Registered Private Health Insurer
ABN 61 092 229 000

PO Box 172, Box Hill, Victoria 3128
Email query@navyhealth.com.au