



DefenceHealth

Defence Health Limited
ABN 80 008 629 481 AFSL 313890
PO Box 7518 Melbourne VIC 8004
Freecall 1800 335 425
Facsimile 1300 665 096
www.defencehealth.com.au
info@defencehealth.com.au

Applicant Surname		
Applicant First name		Title/Rank
Address		
Suburb	State	Postcode
Daytime phone	Email	

Member No

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A Change of Cover

I wish to change my cover to:

- Military family (full-time ADF covering 2 or more dependants) Family Couple Single (incl. full-time ADF covering 1 dependant)

Change to commence from / /200

HOSPITAL COVER OPTIONS

- Nil excess Top Hospital
Single excess Top Hospital 250
 Top Hospital 400
Couples/family excess Top Hospital 300
 Top Hospital 500
 Top Hospital 800
Other nil excess options NT Hospital (for NT residents only)
 Public Hospital

EXTRAS COVER OPTIONS

- Top Extras
 Standard Extras

COMBINED COVER

For combined hospital and extras cover please select one hospital and one extras product

Changes in cover will usually result in a change of premium. Defence Health will advise you of these changes.

B Dependant Change (please print)

Relationship i.e. Spouse/partner/ son/daughter, etc.	Given names	Surname	Sex M/F	Date of Birth	Date of Marriage/ cohabitation
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					

C Marketing Communications

Defence Health would like to keep you informed about products that we think you may be interested in. If you do not wish to receive these details please tick

D Declaration

I declare and acknowledge that:

- I am aware that Defence Health has a Privacy Policy.
- Benefits may only be provided for persons who hold Australian residency status (exchange service personnel with Medicare entitlements excepted).
- All details provided on this form are true and correct and I agree to be bound by the fund rules of Defence Health.

Signature

Date



* A H B M S 0 0 3 *

