

Application to register a Student Dependant

Please complete this form using **black ink** and write within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross **X**. Start at the left of each answer space and leave a gap between words.

Section A: Your details

MBF Policy number (This can be found on your MBF Card)

Surname

First name

Section B: Change of address/contact details

If any of your contact details have changed, please complete appropriate details.

Unit number

Street number

PO Box number

Street name

Suburb

State

Postcode

Home phone number

Daytime phone number

Mobile phone number

Email address

If you would like to receive your bills (if applicable), payment reminders, tax statements, benefit statements (when available) and/or *LivingWell* magazine via email, and be kept up-to-date with MBF news and services via email please cross this box.

Note: the person named above has legal responsibility for the Policy and for ensuring that premiums are kept up-to-date. All correspondence will be directed to this person.

Section C: Student's details

Student's surname

Student's first name

Date of birth

Sex (M/F)

Age

Name of college or university and location

Expected date of completion of studies for this year

Section C: continued

Student's surname

Student's first name

Date of birth

Sex (M/F)

Age

Name of college or university and location

Expected date of completion of studies for this year

For additional students, please attach their details on a separate piece of paper.

Section D: Important information

Note: students overseas are advised to seek health cover in the country where they are studying as benefits will not be paid for services rendered outside of Australia.

If the student is being rejoined as a Dependant under your Family Policy, when did/will he/she recommence the course?

If the student currently has his/her own MBF Policy, it will be cancelled from the date they recommence on your Policy.

Section E: Declaration

I declare that my above mentioned child* is single, aged 21-24 years inclusive and is a full-time or part-time student at school, college or university and is fully or partially maintained by myself and/or my Spouse and:

- is not in receipt of a taxable income from the school, college or university; and
- not in receipt of an invalid pension or disability allowance which results in the child's total gross annual income exceeding \$14,000.

I understand that this registration applies for the current calendar year and that, if the above conditions no longer apply during this year, registration ceases from that date and I will notify MBF immediately.

* Child includes adopted, foster, step-children and children over which you are granted guardianship by a court of law (You will be required to provide evidence that such a child registered on your Policy meets this description).

Note: MBF reserves the right to verify eligibility for registration.

Policyholder's signature

X

Call MBF on 131 137 for all your enquiries.



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