

Please note that your current membership card will be cancelled upon processing of this form. We will send your new membership card to you shortly. New cards will be issued for changes on persons covered.

Complete and sign all necessary sections. Please use a black pen and print in CAPITALS.

- Add a newborn.
- Make changes to the persons covered.
- Change your name* or address. (Note: If you are changing your name you may be required to provide proof, eg. photocopy of Medicare Card).

If your bank details have changed, please complete a Direct Debit/Claims Credit form found at www.manchesterunity.com.au

1. Your current details:

Manchester Unity Membership Number:

Title: Given Names:

Surname:

Residential Address: State: Postcode:

Postal Address: (if different from above) State: Postcode:

Home Phone: - Day Phone: - Mobile:

Email:

Register for online services: Yes No (If yes, email address is required)

Date of Birth: / / Male: Female:

Medicare card number: Expires: /

Health Care Card No* or Pension No*: Expires: /

*If your circumstances change, you must notify us immediately to ensure your cover remains up to date.

2. Change of name to:

If you are changing your name you must provide supporting documentation, eg. Marriage Certificate.

Title: Given Names:

Surname:

3. Change of contact details:

Residential Address: State: Postcode:

Postal Address: (if different from above) State: Postcode:

Home Phone: - Day Phone: - Mobile:

Email:

4. Other Persons to be covered:

If you are adding a person who is transferring from another fund, you must complete an Interfund Transfer form.

Tick appropriate action	Relationship to member	First Name (include surname if different)	Date of Birth	Sex	Student Dependant
<input type="checkbox"/> Add <input type="checkbox"/> Cancel			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Cancel			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Cancel			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Cancel			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Cancel			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: A child must be a dependant under 22 years of age. If you wish to cover any unmarried children who are full-time students aged 22 years and over but less than 25 years of age, please list below:

Given names	Student number	Date of Birth	College or University attended	Date course commenced
		/ /		/ /
		/ /		/ /

5. Pre-Existing Conditions:

If you are adding a dependant, spouse or partner or changing your level of cover, are there any pre-existing conditions that may require treatment? Attach a separate sheet if necessary.

No Yes, please give details:

6. Declaration

The above information is to take effect from / /

I fully understand and accept limitations of benefits for pre-existing conditions and waiting periods. I accept and agree to abide by the registered rules of Manchester Unity Australia Ltd. and confirm that I have read and understand the information contained in this website regarding Manchester Unity's product and Terms & Conditions of membership.

Signature of Member

Date

/ /

For help completing this form call Member Services on 13 13 72. Please complete all relevant sections and return to Manchester Unity via FreeFax or Post.