

Step into Life approval form

What is Step into Life?

Step into Life provides outdoor small group training in a relaxed and supportive environment.

We all know that motivating yourself to get exercising is hard enough, but it's even harder when you're dealing with a health issue. With Step into Life you don't need to do it on your own.

If you have a medical condition, or are at risk of developing one, and would benefit from regular exercise then Step into Life offers appropriate group training with one-on-one support and encouragement from your trainer and from other participants.

Suitable for all fitness levels, Step into Life is a great way to help you achieve your personal health goals.

Contact Step into Life to find the provider closest to you: visit stepintolife.com.au or call 1300 134 136

To be eligible for Step into Life benefits you must:

- ensure a recognised health provider completes, signs and dates this approval form prior to commencing your Step into Life program
- forward the Step into Life program payment receipt together with this completed approval form within 12 months of the date it was signed by your health provider, to:

Claims Department
Australian Unity
Reply Paid 9945
SOUTH MELBOURNE VIC 3205

(no postage stamp required)

For more information, please call **13 29 39**, 8.30am to 8.30pm EST Monday to Saturday or visit australianunity.com.au



Step into Life approval form

Policy holder's details

Australian Unity membership number

Title

First name

Surname

Recognised health provider details

Health provider:

- | | | |
|---|--|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Exercise physiologist | <input type="checkbox"/> Osteopath |
| <input type="checkbox"/> Medical specialist | <input type="checkbox"/> Dietician | <input type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Naturopath |

Health provider name

Street

City/Suburb

State

Postcode

Health condition/s the Step into Life program will help prevent or improve for the policy holder:

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Cardiac related risk factors, high blood pressure, raised cholesterol etc. |
| <input type="checkbox"/> Other, please provide details _____ | |

Declaration by the recognised health provider

As a recognised health provider I, , certify that the Step into Life program is intended to prevent or improve the specified health condition/s for the member listed above and all the information on this form is true and correct.

Healthcare provider signature

Provider number

Date

Registered health provider practice stamp