

# OVC Delegated Authority Form



## (Authorisation for a nominated representative to act on your behalf.)

- Australian Unity respects your privacy. Australian Unity will not discuss information about your membership with anybody else unless you authorise a person to speak on your behalf.
- By completing this form, you can authorise another person to access or make changes to your membership on your behalf.
- Follow these four easy steps; review, complete, sign and return this form to Australian Unity.

### 1. Your membership details

Membership Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Dr	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>	First name	<input type="text"/>
Residential address (no PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### 2. Nominated representative details

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Dr	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>	First name	<input type="text"/>
Residential address (no PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone (home)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

### 3. Authorisation

As the Australian Unity health member above, I authorise Australian Unity to release my membership details and any other personal information (including health information) on the membership held by Australian Unity to the person nominated above (nominated representative). I also authorise Australian Unity to change or update the membership details and other personal information on the instructions of my nominated representative until further notice. **Subject to the below, this authority does not provide the nominated representative with the authority to nominate further delegated authorities, change the level of cover, or suspend/cancel the Membership on my behalf.**

I further authorise the nominated representative the additional authority to:

Suspend/Cancel my Membership on my behalf

Change the level of my cover

Signature of member

Date

 /  / 

This authority remains valid until withdrawn.

We handle your personal information in accordance with our Privacy Policy available at [australianunity.com.au/privacy](http://australianunity.com.au/privacy) or by calling 13 29 39.



#### Return by post

Australian Unity Health  
Reply Paid 91943, Melbourne VIC 3000  
(No stamp is required)



#### Email

[customerservice@australianunity.com.au](mailto:customerservice@australianunity.com.au)

Please return your completed and signed form to Australian Unity within 10 days.

#### Contact us

13 29 39

[australianunity.com.au](http://australianunity.com.au)

