

# 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"/>									
Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" 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"/>	<input type="text"/>

### 2. Nominated representative details

Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" 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. **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.**

Signature of member	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**This authority remains valid until withdrawn.**



#### Return by post

Australian Unity, Health Membership  
Reply Paid 64466, South Melbourne VIC 3205  
(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)

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