Delegated Authority form

Australian Unity
Real Wellbeing

(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 they are a partner on your policy or you authorise a person to speak on your behalf.
- Unless you have requested otherwise, a partner on your policy can access or make changes to your membership 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

Your Membership Number

Title [X] Mr [X] Mrs [X] Ms [X] Miss [X] Dr Date of birth D D / M M / Y Y Y Y

Surname First name

Residential address (no PO Box)

Suburb State Postcode

2. Nominated representative details

Title [X] Mr [X] Mrs [X] Ms [X] Miss [X] Dr Date of birth D D / M M / Y Y Y Y

Surname First name

Residential address (no PO Box)

Suburb State Postcode

Phone (home) Mobile

Email

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 cancel the policy, change the policyholder, remove the policyholder from the policy or nominate further delegated authorities.**

Signature of member Date D D / M M / Y Y Y Y

This authority remains valid until withdrawn.

We handle your personal information in accordance with our Privacy Policy available at **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

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

Contact us

13 29 39
australianunity.com.au

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