

# Overseas Visitor Cover 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 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 has automated authority and can access or make changes including cancelling your membership on your behalf. You are not required to fill out this form to give them authority.
- 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"/>		
Title	<input type="text"/>	Date of birth	<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"/>
		Postcode	<input type="text"/>

### 2. Nominated representative details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input 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"/>	
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, change the level of cover, or suspend/cancel the Membership 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, on my behalf.**

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](https://australianunity.com.au/privacy) or by calling 1300 899 739.



#### 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

**1300 899 739**  
**[australianunity.com.au](https://australianunity.com.au)**

