

Student Dependant Declaration

Please update your dependant details via the Member Centre via cbhs.com.au or complete details in this form and return to CBHS.

If your child is a full-time student and over the age of 18, they can continue under your membership at no extra charge and stay covered until they;

- turn 25
- no longer study full-time
- are married or in a de facto relationship; or they reach the 3rd or subsequent year of their apprenticeship or traineeship, whichever occurs first.

However, you must declare your dependant as a Student Dependant. You'll need to declare them each year to continue this cover. The CBHS Student Dependant year covers the period from the 1st of March to end of February.

If your child does not fit the above criteria, and you would like to keep them on your cover to the age of 25, you can upgrade to our premium level of membership, (Prestige non-student dependant). Prestige is CBHS' premium level of cover, offering an extensive range of hospital services and generous extras benefits to help you and your family get the most out of life.

Otherwise, if your child needs their own cover, CBHS has a range of affordable covers for the young, fit and healthy, because accidents do happen! Simply provide contact details below and we will give your child a call to discuss their options.

SECTION 1: Your Membership details

Member number	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your name	Surname <input type="text"/>		
	Given name(s) <input type="text"/>		

SECTION 2: Your dependant details

Dependant 1	<input type="text"/>		
Surname			
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Institution (College/University/ Apprentice/Trainee)	<input type="text"/>		
Year of Study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	For Apprentice and trainee only
(Please tick appropriate box)	<input type="checkbox"/> is under the age of twenty-five, unmarried and a FULL-TIME student of the above mentioned institution for the whole school year,		
	<input type="checkbox"/> is undertaking a FULL-TIME course for the duration of <input type="text"/> months within this school year,		
	commencing from <input type="text"/> / <input type="text"/> / <input type="text"/> and ending <input type="text"/> / <input type="text"/> / <input type="text"/>		
Dependant 2	<input type="text"/>		
Surname			
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Institution (College/University/ Apprentice/Trainee)	<input type="text"/>		
Year of Study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	For Apprentice and trainee only
(Please tick appropriate box)	<input type="checkbox"/> is under the age of twenty-five, unmarried and a FULL-TIME student of the above mentioned institution for the whole school year,		
	<input type="checkbox"/> is undertaking a FULL-TIME course for the duration of <input type="text"/> months within this school year,		
	commencing from <input type="text"/> / <input type="text"/> / <input type="text"/> and ending <input type="text"/> / <input type="text"/> / <input type="text"/>		

SECTION 3: Removing dependant details

☐ Please remove the below mentioned dependant from my cover, as they are no longer eligible to be considered a student dependant and contact them to discuss independent cover

Dependant 1

Surname

Given name(s)

Date of birth

Dependant Mobile
No. & Email Address

Dependant 2

Surname

Given name(s)

Date of birth

Dependant Mobile
No. & Email Address

SECTION 4: Upgrade

☐ Please upgrade me to a **non-student dependant (NSD)** cover to keep my dependant on my policy

Select cover:

☐ Prestige (Gold)

☐ Limited Hospital (Bronze Plus)

☐ Top Extras

☐ Comprehensive Hospital (Gold)

☐ Limited Hospital 70 (Bronze Plus)

☐ Intermediate Extras

☐ Comprehensive Hospital 70 (Gold)

☐ Limited Hospital 100 (Bronze Plus)

☐ Comprehensive Hospital 100 (Gold)

Signatures(s)

Date

SECTION 5: Declaration

Student Dependant Declaration: I declare that the student named is unmarried, not living in a de facto relationship, is under 25 years of age, is a full-time student, attending the institution named during the current academic year. I am aware that to remain covered my child needs to be re-registered every year they are a full-time student until their 25th birthday and cover will cease if they get married, enter a de facto relationship, or cease study. I also authorise CBHS Health Fund Limited to contact the above mentioned Institution (School, College, University etc.), for further clarification of details, if required.

I declare that I will notify CBHS Health Fund Limited as my dependant's status as a student changes.

Signature(s)

Member

Date