



CBHS Health Fund Limited
ABN 87 087 648 717

Please send this completed form and any additional information:

By Post:
CBHS Health Fund Limited
Locked Bag 5014, Parramatta NSW 2124

Fax: 02 9843 7676
Email: help@cbhs.com.au

Authority to Act Form

Note: This authority replaces all previous authorities.

Member's details

CBHS Health Fund Membership Number

Personal details

Title Mr Mrs Miss Ms Dr

Surname

Given names

Date of birth / /

Home address

Street number

Street name

Suburb/Town

State/Territory Postcode

Postal address

Same as above

Street number

Street name

Suburb/Town

State/Territory Postcode

Contact numbers and email

Home Ph ()

Mobile

Email

Please attach supporting letter from doctor outlining member's condition(s) and reason why member is unable to grant authority via, for example, a Power of Attorney.

Declaration

I declare that:

- a) I am 18 years or over;
- b) I have capacity and authority to act on behalf of the member including authority to manage their membership and access claims information;
- c) I acknowledge and agree with CBHS Health Benefit Fund Rules and Privacy Policy;
- d) I understand this authority will remain in place until I contact CBHS Health Fund to request a change or cancellation;
- e) I will promptly notify CBHS Health Fund in writing if I am unable to act as an Authorised Person;
- f) the information I have provided is true and complete; and
- g) I understand there are penalties for giving false or misleading information.

Authorised Person's details

CBHS Health Fund Membership Number (if any)

Personal details

Title Mr Mrs Miss Ms Dr

Surname

Given names

Date of birth / /

Home address

Street number

Street name

Suburb/Town

State/Territory Postcode

Postal address

Same as above

Street number

Street name

Suburb/Town

State/Territory Postcode

Contact numbers and email

Home Ph ()

Mobile

Email

Relationship to member

Period of Authority to Act

Start Date / /

Expiry Date (optional) / /

Privacy Statement

Personal information provided on this form will be used for the purposes of recording the authority on the membership. For more information, please see our Privacy Policy at cbhs.com.au/policies/privacy

Signature



Date / /