



CBHS Health Fund Limited ABN 87 087 648 717

Please send this claim form and any additional information:

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

**Phone:** 1300 654 123  
**Email:** help@cbhs.com.au  
**Fax:** 02 9843 7676  
**www.cbhs.com.au**

**Did you know you can declare your Dependants Online?**  
Visit [cbhs.com.au/Dependant](http://cbhs.com.au/Dependant) for more details.

## Student Dependant Declaration

Please update your Dependant details in the Member Centre via [cbhs.com.au](http://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
- Get married or enter a de facto relationship.

Your child needs to be re-registered every year they are a full-time student. 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 a Non-Student Dependant cover.

### SECTION 1: Your Membership details

**Member number**  **Date of Birth**  /  /

**Your name**  
Surname   
Given name(s)

### SECTION 2: Your dependant details

**Dependant 1**  
Surname   
Given name(s)   
Date of birth  /  /   
Institution   
*(College/University/Apprentice/Trainee)*  
Year of Study  1  2 For Apprentice and trainee only

*(Please tick appropriate box)*  
 is under the age of twenty-five, unmarried and a FULL-TIME student of the above mentioned institution for the whole school year,  
 is undertaking a FULL-TIME course for the duration of  months within this school year, commencing from  /  /  and ending  /  /

**Dependant 2**  
Surname   
Given name(s)   
Date of birth  /  /   
Institution   
*(College/University/Apprentice/Trainee)*  
Year of Study  1  2 For Apprentice and trainee only

*(Please tick appropriate box)*  
 is under the age of twenty-five, unmarried and a FULL-TIME student of the above mentioned institution for the whole school year,  
 is undertaking a FULL-TIME course for the duration of  months within this school year, commencing from  /  /  and ending  /  /

### 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:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Prestige                   | <input type="checkbox"/> Limited Hospital     | <input type="checkbox"/> Top Extras          |
| <input type="checkbox"/> Comprehensive Hospital     | <input type="checkbox"/> Limited Hospital 70  | <input type="checkbox"/> Intermediate Extras |
| <input type="checkbox"/> Comprehensive Hospital 70  | <input type="checkbox"/> Limited Hospital 100 |  |
| <input type="checkbox"/> Comprehensive Hospital 100 |   |  |

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