



If a completed health declaration is attached, please staple it and tick this box

Membership number

Please complete this panel fully for all alterations

Billing group code

Title _____ Initials _____ Surname _____

Effective date of alteration / /

Wage deduction To GRP To MBR N/a

Group contact advised Yes No N/a

Origin Phone In person Correspondence Group

Request track ID (internal only)

Name of person you received advice from _____

Please indicate the alteration(s) required and provide the information requested (Please tick)

Reinstate membership Reinstate with continuous membership

Cancellation
Cancellation reason (Please tick one of the boxes provided)
 Gone overseas Deceased Suspension Gone to another insurer Other reason

Name change
Current name _____ New title _____
New name _____ Initials _____

Self/spouse reversal *If you have indicated yes for self-spouse reversal please complete the name change above*

Transfer of membership
(Medical declaration may need to be completed)
New group name _____ New group code

Date leaving company / / New plan _____ New Billing Method (Pvt only) _____ **Employee number** _____

Reason for transfer _____ **Employee start date** / /

Address change
Common _____
Invoice address _____
Individual Member name _____

Contact details
Member name _____ Pvt Cell
_____ Bus Email
Member name _____ Pvt Cell
_____ Bus Email

Change plan
(Medical declaration and healthy lifestyle reward questionnaire may need to be completed)
From plan _____
To plan _____

