

## Complete this form to add an adult child to your membership

### Your details

rt membership number

Given names

Family name

Date of birth (dd/mm/yy)

Home telephone number

Work telephone number

Mobile telephone number

Email address

Postal address (only complete this if we don't already have your current postal address)

State

Postcode

### Your child's details

Given names

Family name

Date of birth (dd/mm/yy)

Given names

Family name

Date of birth (dd/mm/yy)

Please note, to be eligible for cover under our 'young adult extension', your child must be under the age of 25 and not married or living in a de facto relationship, and you must have a family or single parent family membership that includes our Private Hospital Cover. An additional fee is payable to cover your child under the 'young adult extension'. Please contact our member care team for details, 1300 886 123 or email [help@rthealthfund.com.au](mailto:help@rthealthfund.com.au).

### Do you need to change your level of cover?

Only complete this section if you don't already have our Private Hospital Cover.

Choose one of these cover options:

Private Hospital + Extras Cover  
 with \$250 hospital excess  
 without hospital excess

Private Hospital Cover  
with \$250 excess

Private Hospital Cover  
without excess

### When would you like cover for your son/daughter to begin?

(dd/mm/yy)

### Does your son/daughter currently have health cover?

Yes  No

If yes, please complete the next section to enable us to request a transfer certificate from their current health fund.

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## Current health fund details

Name of health fund

Membership number

Name of the person the membership is held in (if different to the name your rt health cover will be held in):

Given names

Family name

Date of birth (dd/mm/yy)

## Cover being transferred

Hospital cover only  Extras cover only  Hospital and extras cover

## Cancellation date

(dd/mm/yy)

What date would you like this cover to be cancelled from?

## Authorisation

I authorise rt health fund to terminate my membership from the date specified and obtain from your organisation details relating to my membership, and details of any claims made in the previous 12 months. I understand that rt health fund will not be able to finalise my membership application or process claim payments until you have provided a transfer certificate.

X	Today's date / /
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← Signature of current health fund's primary member

## Declaration and signature

- I declare that:
  - The information provided on this form is true, correct and complete and I will notify rt health fund of any changes.
  - I have read, understood and agree to the rt health fund rules and conditions.
  - I agree to be bound by rt health fund by-laws, which may change from time to time and may affect my health cover.
  - I have never been declined insurance on the basis of fraud.
- I understand that by joining rt health fund waiting periods may apply (depending on the level of cover) including:
  - Obstetrics – 12 months
  - Pre-existing condition, ailment or illness – 12 months
  - Major dental – 12 months
  - Optical – 3 months / 6 months (dependent on cover)
- The information you supply on this form will be subject to rt health fund's privacy policy. A copy of the policy is available at [www.rthealthfund.com.au](http://www.rthealthfund.com.au).
- If you are transferring from another fund rt health fund reserves the right to verify any of the given information with your previous fund. If found to be incorrect, any relevant claims will be adjusted accordingly.
- rt health fund may decide not to accept your application. This application is subject to processing and approval by rt health fund, you are not automatically covered by submitting this application form. rt health fund will notify you whether it has accepted or rejected your application. If accepted, your cover will commence from the nominated date, or the date rt health fund receives this form if no date is nominated by you.

X	Today's date / /
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↑  
Primary member please sign here

Send your completed form to us by:

- emailing to [help@rthealthfund.com.au](mailto:help@rthealthfund.com.au)
- faxing to 1300 887 123
- posting to po box 1100 burwood north nsw 2134
- dropping in to one of our member care centres.

If you have any questions our member care team is here to help. Call us on **1300 886 123**.