

I want to set up a partner authority

Section one – details of the person in whose name the membership is held (primary member)

rt membership number

Given names

Family name

Date of birth (dd/mm/yy) / /

Daytime telephone number

Email address

Yes, I would you like to give my partner full access to change membership details and enquire about claims payments. I understand that the only action my partner will not be able to perform is to cancel or terminate the membership, this can only be done by the person in whose name the membership is held.

Section two – partner’s details

Title Mr Mrs Ms Miss (other) _____

Given names

Date of birth (dd/mm/yy) / /

Family name

Section three – my declaration

I recognise that this authority will allow the same level of access to the person nominated on this form as I have, with the exception of being able to cancel the membership. I understand that I may revoke this authorisation at any time by writing to rt health fund.

X	Today's date / /
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← primary member please sign here

remember

Send your completed form to us by:

- faxing to 1300 887 123
- emailing to help@rthealthfund.com.au
- posting to po box 1100 burwood north nsw 2134
- dropping in to one of our branches

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