

Complete this form to set up a *third party* authority

Your details

rt membership number

Given names

Family name

Date of birth (dd/mm/yy)

Who would you like to grant third party authority to?

Title Mr Mrs Ms Miss (other) _____

Given names

Date of birth (dd/mm/yy)

Family name

Daytime telephone number

Relationship to main member

Postal address

State

Postcode

Nominated person's name (please print)

Nominated person please
sign here

X

Today's date / /

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 suspend or cancel the membership. I understand that I may revoke this authority at any time by writing to rt health fund.

X

Today's date / /

Main member please
sign here

Send your completed form to us by:

- emailing to help@rthealthfund.com.au
- faxing to 1300 887 123
- posting to PO Box 545 Strawberry Hills NSW 2012
- 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**.