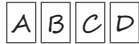


Student Dependant Declaration



Please use black pen and print upper case.
Avoid contact with the edge of the box.



Member name:

Address:

Suburb State Postcode

Membership number:

Student dependant name/s	Date of birth	Name of school attending (if aged between 21–25 years)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Who is a student dependant?

Your family membership covers your student dependants who are under the age of 25 years and are:

- single; and
- full-time apprentices, full-time trainees or full-time students at a school, college, university or institution recognised by myOwn; and
- primarily reliant on you (the fund member) for maintenance and support.

What cover does myOwn allow?

Student dependants – mid year school/apprenticeship and traineeship leavers: who transfer from their parent’s myOwn membership within two months of leaving school or finishing an eligible apprenticeship or traineeship through a registered training group are not required to serve waiting periods when transferring to an equivalent or lower level of cover. A letter from their school or registered training group confirming the date of completion is required.

Student dependants – end of year school/apprenticeship and traineeship leavers: are covered under their parent’s family or single parent membership until 31 March the following year. They will not be required to serve waiting periods when transferring to an equivalent or lower level of health cover.

Declaration

I declare the above information is correct:

Member’s Signature

Date