Authority To Operate A Membership

Please note: An Authority to Operate a Membership is required where a person would like someone else to act on their behalf when dealing with Queensland Country Health Fund. This Authority is not required for a spouse or partner if they are covered under the same policy as these permissions exist automatically. This Authority can be used to appoint an Authorised Person/s to access personal and claims information for persons who are aged 16 years and above.

Your Details

Full Name: _____ Membership No: _____

Date of Birth: _____/_____/_____ Mobile: _____ Home Phone: _____

Email Address: _____

Home Address: _____

Postal Address: _____

I authorise the following person/s to operate this membership. I understand that this includes requesting policy details and other information, changing or updating policy details and submitting and accessing claims information. Exceptions are removing a person/s from the policy or ceasing the policy itself. I will contact Queensland Country Health Fund directly to remove any authorised parties who I no longer want acting on my behalf.

Member Signature: _____ Date _____/_____/_____

Authorised Person 1

Full Name: _____ Date of Birth: _____/_____/_____

Relationship to Member: _____ Mobile: _____ Home Phone: _____

Email Address: _____

Home Address: _____

Postal Address: _____

I understand that once this Authority to Operate is in effect, I can contact Queensland Country Health Fund, verify my identity using my details and access information on the Member above. I will keep my details up to date at all times so that I am easily identifiable and contactable if required.

Authorised Person Signature: _____ Date _____/_____/_____

Authorised Person 2

Full Name: _____ Date of Birth: _____/_____/_____

Relationship to Member: _____ Mobile: _____ Home Phone: _____

Email Address: _____

Home Address: _____

Postal Address: _____

I understand that once this Authority to Operate is in effect, I can contact Queensland Country Health Fund, verify my identity using my details and access information on the Member above. I will keep my details up to date at all times so that I am easily identifiable and contactable if required.

Authorised Person Signature: _____ Date _____/_____/_____