

*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.*

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Queensland Country Health Fund is collecting your personal information to manage your policy and pay your claim. We handle this information in line with our Collection Statement and Privacy Policy, available at [queenslandcountry.health/privacy](http://queenslandcountry.health/privacy) or by calling 1800 813 415. These explain how we use, disclose, and protect your information, how you can access or correct it, and how to make a complaint.