

Complete this form to set up a partner *authority*

Main member's details (this is the person in whose name the membership is held)

rt membership number

Given names

Family name

Date of birth (dd/mm/yy)

Daytime telephone number

Email address

Your partner's details

Given names

Family name

Date of birth (dd/mm/yy)

Daytime telephone number

Email address

Declaration

I understand 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 authorisation at any time by writing to rt health fund.

Main member please sign here

Partner please sign here

Name (please print)

Name (please print)

X

Today's date / /

X

Today's date / /

Send your completed form to us by:

- emailing to help@rthealthfund.com.au
- faxing to 1300 887 123
- mailing 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**.