

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 Territory 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 N	o:	
Date of Birth:/	Mobile:	Home Phone:		
Email Address:				
Home Address:				
Postal Address:				
I authorise the following person/s to details and other information, changi Exceptions are removing a person/s directly to remove any authorised pa	ng or updating policy details from the policy or ceasing th	and submitting and accessing e policy itself. I will contact Te	claims i	nformation
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 using my details and access informat that I am easily identifiable and contains	ion on the Member above. I			
Authorised Person Signature:		Date	/	/
Authorised Person 2				
Full Name:		Date of Birth:	/	/
Relationship to Member:				
Email Address:				
Home Address:				
Postal Address:				
I understand that once this Authority using my details and access informat that I am easily identifiable and contains	ion on the Member above. I			
Authorised Person Signature:		Date	/	/