

Student Dependant Declaration

Policy number

Policy holder date of birth (DD/MM/YYYY)

I (name of parent/guardian)

of residential address

Suburb

State

Postcode

declare that (dependant's name)

Dependant Date of Birth (DD/MM/YYYY)

is unmarried, living with me and a dependent on my visa, under the age of twenty five years, and is a full time student undertaking a recognised full time course in Australia

at (name of school, college or university)

Student number

Commencing from (DD/MM/YYYY)

until (DD/MM/YYYY)

Dependant phone

Dependant email

I undertake to inform IMAN of any changes to the above information. I also authorise IMAN to contact the above school, college or university for further details if required.

Parent/Guardian Signature

Signature/s

X

Date

Dependant's Signature

Signature/s

X

Date

To submit your completed form



Mail: IMAN Australian Health Plans
Reply Paid 62208, Locked Bag 2010 Newcastle NSW 2300



Email: info@austhealth.com

If you have any questions call the Customer Care Centre



Mon to Fri 8.30am – 6.00pm (AEDT)

Call: 1800 22 11 33 **From OS:** +61 2 4914 1131