

Student Dependant Registration form

Important notice concerning
your child's cover



Depending on your child's circumstances there are three options available for them to maintain cover with Latrobe...

1

"My child will still be a fulltime student."

If your child is a fulltime student at a recognised school, college or university and aged between 18 - 25 years of age, is not married, or living in a defacto relationship, please either:

- Log onto latrobehealth.com.au to update your details
- Call our **Member Service Centre** on **1300 362 144**
- Complete the registration form and return it to us in the enclosed reply paid envelope.
- Visit one of our branches.

You will need to complete a registration form each year until your child's 25th birthday or until he/she is no longer qualified as a student dependant.



2

“My child has finished their schooling and I would like to maintain their cover.”

If your child has ceased fulltime study and is under 25 years of age, upgrading your cover to one of our Family Care options is often the most cost effective way of maintaining cover for them.

Family Care covers all dependant children up to their 25th birthday providing that they are not married or living in a defacto relationship (waiting periods may apply).

For information about the range of Family Care hospital and extras cover, or to complete your application to change cover over the phone, please call our **Member Service Centre** on **1300 362 144**.

Information is also available at **latrobehealth.com.au** or at any of our branches.



3

“My child would like to take out their own cover.”

If your child would prefer to take out their own membership, it is as easy as calling our **Member Service Centre** on **1300 362 144** to discuss the available cover options.



Student Dependant Registration form

Membership number

Student dependant A

Full name

Date of birth

Name of school, college or university

Student dependant B

Full name

Date of birth

Name of school, college or university

Student dependant C

Full name

Date of birth

Name of school, college or university

I hereby certify that the dependant/s listed above, who are currently recognised dependants under my membership, are:

- i) Unmarried and not living in a de facto relationship; and
- ii) A fulltime student at a recognised school, college or university.

I understand this registration applies for the period between 1 April to 31 March each year and if the above details change in this period, I will notify Latrobe immediately.

Member signature

Date

Contact us



Member Service Centre 1300 362 144

8.30am – 5.30pm weekdays
(closed Victorian public holidays)

Fax: 03 5128 9289

Email: info@lhs.com.au

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latrobehealth.com.au



Fifteen like minded health funds have come together to highlight a genuine choice when it comes to health insurance.

Members Own Health Funds, like Latrobe Health Services, exist to benefit members, not to profit investors or overseas owners.

More than two and a half million people across Australia are already with a Members Own Health Fund.



Latrobe Health Services proudly supports and complies with the Private Health Insurance Code of Conduct.