

**STUDENT DEPENDANT REGISTRATION**

Membership number

I (name of parent/guardian)

Of (residential address)

declare that (student's name)

is unmarried, under the age of twenty five years, and is a full time student undertaking  
a recognised full time course at:   
(name of school, college or university)

student number

commencing from  until

***I undertake to inform NIB Health Funds of any changes to the above information for the duration of this registration. I also authorise NIB Health Funds to contact the above school, college or university for further details if required.***

Member's signature  X  Date

Dependant's signature  X  Date

**Important: please initial any changes**