

# STUDENT DEPENDANT REGISTRATION

nib policy number

I (name of parent/guardian)	<input type="text"/>						
Of (residential address)	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
declare that (student's name)	<input type="text"/>						
is unmarried, under the age of twenty five years, and is a full time student undertaking a recognised full time course at:	<input type="text"/>						
	<i>(name of school, college or university)</i>						
student number	<input type="text"/>						
commencing from	<input type="text"/>	DD	MM	YYYY			
		until	<input type="text"/>	DD	MM	YYYY	
<p><b><i>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.</i></b></p>							
Customer's signature	<input type="text"/>	X	Date	<input type="text"/>	DD	MM	YYYY
Dependant's signature	<input type="text"/>	X	Date	<input type="text"/>	DD	MM	YYYY
<p><b>Important: please initial any changes</b></p>							

## Ask nib



Call us on **13 14 63** Mon to Fri: 8am - 8.30pm Sat: 8am - 1pm (EST)



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