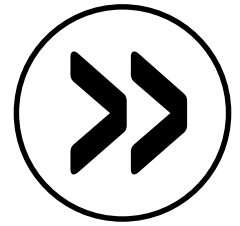


# Set up a third party authority



## Your details

RT membership number

Given names

Family name

Date of birth (dd/mm/yy)

## Who would you like to grant third party authority to?

Title

Mr

Mrs

Miss

Ms

Other

Given names

Date of birth (dd/mm/yy)

Family name

Daytime telephone number

Relationship to main member

Postal address

State

Postcode

Nominated person's name (please print)

Nominated person's signature

Today's date

## Declaration

» I recognise that this authority will allow the same level of access to the person nominated on this form as I have, with the exception of being able to suspend or cancel the membership. I understand that I may revoke this authority at any time by writing to RT Health fund.


Name (please print)

Signature

Today's date

## Send your completed form to us by:

 Emailing to [help@rthealthfund.com.au](mailto:help@rthealthfund.com.au)

 Mailing to PO Box 545 Strawberry Hills NSW 2012

RT Health is a division of the Hospitals Contribution fund of Australia Limited (ACN 000 026 746).

**RT HEALTH**

