

Authorised Person NOMINATION FORM



This form is to be completed by the policy holder, to nominate another person to have the authority and access to make enquiries on their behalf.

Member Details

Member number: _____ Date of birth: / /

Member first name: _____ Member surname: _____

Address: _____ Postcode: _____

Phone: _____ Email: _____

Authorised Person Details

I (policy holder's name) _____

authorise (full name) _____ Date of birth: / /

Address: _____ Postcode: _____

Phone: _____ Email: _____

relationship to me: _____

to have access to my membership, including but not limited to, the following:

- making enquiries about the membership, level of cover or benefits on my behalf
- making changes to the level of cover
- adding or removing a dependant
- making changes to any Government Rebate nominations
- signing patient election forms on behalf of any other member on the policy, where they are unable to do so themselves
- making and submitting claims on behalf of any member on the membership
- updating personal contact details
- making changes to the payment details and arrangements
- suspending the membership in its entirety
- accessing personal medical and claims information on behalf of any member on the membership

I understand that this authority does not allow the above nominated person to:

- cancel the membership
- remove or change the status of the policy holder from the membership
- access or change passwords to the policy holders Online Member Services (OMS) account

Declaration

- I declare that I am authorised to complete this form;
- I understand the authority I am giving to the above named person, and am responsible for any changes or actions they may take;
- I understand that as the policy holder I am still responsible for the maintenance of the membership, including ensuring that all policy contributions remain up to date; and
- I understand that I can withdraw this delegation of authority at any time by contacting Phoenix Health.

Signed:

Date: / /

Date for authority to commence: / /