

# STUDENT DEPENDANT DECLARATION

Policy Number

I (name of parent/guardian) .....

of residential address. ....

State. .... Postcode. ....

declare that (dependant's name) .....

is unmarried, living with me and dependent on my visa, under the age of twenty five years, and is a full time student undertaking a recognised full time course in Australia

at (name of school, college or university) .....

student number. ....

commencing from \_\_\_/\_\_\_/\_\_\_\_\_ until \_\_\_/\_\_\_/\_\_\_\_\_

I undertake to inform IMAN of any changes to the above information. I also authorise IMAN to contact the above school, college or university for further details if required.

Parent/Guardian Signature. .... Date \_\_\_/\_\_\_/\_\_\_\_\_

Dependant's Signature. .... Date \_\_\_/\_\_\_/\_\_\_\_\_

## TO SUBMIT YOUR FORM

Complete your form and submit in one of the following ways:



Mail  
IMAN Australian Health Plans  
Reply Paid 62208  
Locked Bag 2010  
Newcastle NSW 2300



Email  
[info@austhealth.com](mailto:info@austhealth.com)



Fax  
+61 2 9929 3818

### If you have questions call the Customer Care Centre:

Monday to Friday 8.30am – 6.00pm (AEDT)



Call **1800 22 11 33**



From overseas **+61 2 4914 1131**