

## STUDENT DEPENDANT AND EXTENDED FAMILY COVER REGISTRATION

Complete and mail to:

**HCF**  
**GPO Box 4242,**  
**Sydney NSW 2001**

### OPTION 1: STUDENT DEPENDANT COVER

If your dependant is a full-time student, they can stay on your membership at no extra charge. They can stay covered until the day before they turn 31, they stop studying full-time, they are married or in a de facto relationship, or they're no longer primarily reliant on you for maintenance or support (whichever comes first). You'll need to re-register them each year when we contact you to continue this cover.

#### Student Dependant Declaration

I declare that the student named is unmarried, not living in a de facto relationship, is under 31 years of age, and primarily reliant on me for maintenance and support, and is a full-time student, attending the institution named during the current academic year. I'm aware that to remain covered my dependant needs to be re-registered every year they are a full-time student until their 31st birthday and cover will cease if they get married, enter a de facto relationship, or otherwise cease to be reliant on me for maintenance or support before their 31st birthday.

### OPTION 2: EXTENDED FAMILY COVER

If your dependant isn't studying full time, you can still keep them on your membership with Extended Family Cover. They can stay covered until the day before they turn 31, or are married or in a de facto relationship, whichever occurs earlier. You can extend your family cover for an additional charge on some levels of cover.

If you'd like Extended Family Cover, call **13 13 34** to check if your cover is eligible.

#### Extended Family Cover Declaration

I declare that the dependant named is unmarried, not living in a de facto relationship and is under 31 years of age. I am aware that by signing this form an additional charge will be added to my existing premium. My dependant will then be covered until their 31st birthday, unless they get married or enter a de facto relationship before their 31st birthday.

### PRIVACY

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to a correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call our member services team on **13 13 34** or go to [hcf.com.au](http://hcf.com.au)

## CHOOSE OPTION 1 OR 2 BELOW

### OPTION 1: STUDENT DEPENDANT REGISTRATION FORM

Please complete if your dependant is 22-30 and is a full-time student, and is not married or living in a de facto relationship, and is primarily reliant on you for maintenance or support.

HCF Membership No.

Member's first name

Member's surname

First name of Student Dependand

Name of school, college or university to be attended

Member's signature

Date (DD/MM/YYYY)

By signing, I confirm that I have read and understand the Student Dependand Declaration on this registration form.

### OPTION 2: EXTENDED FAMILY COVER

Please complete if your dependant is 22-30, and not married or living in a de facto relationship. Please note a surcharge to your current premium applies.

HCF Membership No.

Member's first name

Member's surname

First name of Dependand

Member's signature

Date (DD/MM/YYYY)

By signing, I confirm that I have read and understand the Extended Family Cover Declaration on this registration form.