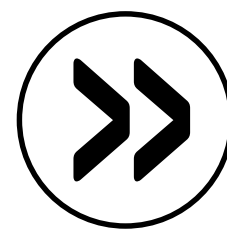


# Set up a partner authority



## Main member's details (this is the person in whose name the membership is held)

RT membership number      Given names

Family name

Date of birth (dd/mm/yy)

Daytime telephone number      Email address

## Your partner's details

Given names

Date of birth (dd/mm/yy)

Family name

Daytime telephone number

Relationship to main member      Email address

## Declaration

» I understand 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.

Main member please sign here

Partner please sign here

Name (please print)


Name (please print)

Today's date

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**

