

Third party authority

For an individual

Use this form to give your authority to a third party to make enquiries about your account with Health Super on your behalf. Please note that this Authority is only valid for two years. If you wish to authorise the third party to make enquiries about your account after two years, you will need to complete a new form.
Note: this form does not authorise the third party to make any changes to your account or conduct any transactions on your behalf.

Your details

Your 7 or 8 digit Health Super member number

Given name(s)

Mr Ms Mrs Miss Dr Other (specify)

Surname

Date of birth

Residential address (PO Box not accepted)

City/Town

State

Postcode

Phone number (BH)

Phone number (AH)

Mobile

Email address (if applicable)

Authorised Person

Mr Ms Mrs Miss Dr Other (specify)

Date of birth

Given name(s)

Surname

Residential address (PO Box not accepted)

City/Town

State

Postcode

Phone number (BH)

Phone number (AH)

Mobile

Email address (if applicable)

Relationship to member

Sign and return this form to:

Health Super Pty Ltd, Locked Bag 2900, COLLINS STREET WEST VIC 8007

Declaration

By signing this form I authorise the third party nominated above to have access to my confidential account details, including transactional information.

Signature

Date

PRIVACY:

We collect your personal information for purposes detailed in Privacy Statements in Health Super's Member Guide (Product Disclosure Statement) we have sent you. To find out more, read our Privacy Policy on healthsuper.com.au. If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact Health Super's Privacy Officer on 1800 331 719.

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).

