

Update of Personal Member Details

HealthPartners

Member details

Member number

Name (first name) (surname)

New details

Residential address

Postcode

Postal address (if different from above)

Postcode

Phone (home) (work)

Mobile

Email

If you are the policyholder, or an authorised person, do the above changes apply to all persons covered on your membership? *If you are not the policyholder, these changes will only apply to your individual details.* ☐ Yes ☐ No

Spouse/Partner

Please complete if there is another adult on your membership with a different postal address.

Residential address

Postcode

Postal address (if different from above)

Postcode

Declaration

- I am authorised to make these changes.

Signature Date / /