

Agent Authority - Claiming

Must be completed prior to lodging your claim.

I hereby authorise the person listed below to collect benefits on my behalf:

For this claim only

For all future claims, as required

Agent's Name:

Agent's Signature:

Membership Number:

Member's Name:

Member's Signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---