



## CESSNOCK HEALTH BENEFITS FUND LIMITED

ABN 14 728 326 233

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Po Box 183, 151-153 Vincent

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Street Cessnock NSW 2325

Email: enquiries@cdhbf.com.au

### Membership Application

Given Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ M / F \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Details: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M)

Email Address: \_\_\_\_\_

### Family & Dependant Details

Given Names: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ M / F \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Cover Details

Effective Date: \_\_\_\_\_

Membership Type

Hospital Cover

Extras Cover

Single:  Bronze Hospital:  Bronze Extras:

Family:  Silver Hospital Young  Healthy Extras

Silver Hospital  Classic Extras   
Nil Excess Only

Gold Hospital:  Silver Extras: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Thrifty:  Gold Extras:

Ambulance Additional:  Excess \$250   
\$500

Ambulance Only:  Dependant Extension:

Smart Cover:

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### Contribution Details

Payment Type:

Contribution Amount:

Certified Age of Entry to a Fund:

CDH Start Date Required:

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### Checklist

\*Licence or Passport:

\*Medicare Card:

Federal Government Rebate Form:

Pension or Health Care Card:

Student Declaration:

Pension/ Health Number:

(\*Licence and Medicare Card Must be Sent)

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### Pre- Existing Illness

Do you or any members have any illness pre-existing? Please indicate below:

Yes: If yes please indicate below  
No:

  

(A Pre- Existing form maybe required from your doctor.)

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### Member Declaration

I hereby wish to apply for membership to Cessnock District Health Benefits Fund and agree to abide by the rules and regulations as laid down by this organisation.

I would further certify that neither myself nor any dependant covered under this membership, has to the best of my knowledge any pre-existing or chronic illness other than those listed below at the date of this application.  
(Should any pre-existing or chronic illness be present, please indicate in the space provided)

I HAVE COMPLETED THE FEDERAL GOVERNMENT REBATE FORM AND THE DIRECT DEBIT DETAILS FORM AND INCLUDED WITH THIS FORM. IF TRANSFERRING FROM ANOTHER FUND PLEASE INCLUDE THE CLEARANCE CERTIFICATE REQUEST FORM.

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Signature: ..... Date: .....