

## Change Level of Cover Form

### PART A - Member's Details

<b>Member Name</b>	<b>Member Number</b>
<b>Member's Date of Birth</b>	
<b>Address</b>	<b>Postcode</b>
<b>Phone Number/s</b>	

### PART B - Select Your New Cover & Commencement Date

**Packages**

Gold Plan
  Silver Plan
  Bronze Plan

**Hospital Cover**

Private Hospital - No Excess
  Private Hospital - \$150 Excess
  Public Hospital  
 Private Hospital - \$250 Excess
  Private Hospital - \$500 Excess

**Extras Only Cover**

Gold Extras
  Silver Extras
  Ambulance Only

**New Cover Commencement Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** If you require both Hospital and Extras Cover you must either select a Package above by ticking the selected package) or Select both a Hospital Cover and an Extras Cover above (by ticking both the selected hospital cover and the ancillary cover)

### PART C - Select Single or Family Membership

Single
  Family (2 or more people)

### PART D – Declaration

I declare this information is true and complete and agree to be bound by the rules of Lysaght Peoplecare Limited. I have read and understand the rules relating to waiting periods and pre-existing conditions/ailments and understand the Fund may refuse payment of benefits if any of the details supplied herein are false in any respect.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_