

# REACTIVATE SUSPENDED COVER FORM



UPDATED MAY 2017

## CHECKLIST

- Complete this form to resume your membership following suspension due to overseas travel or financial hardship
- Submit your form ensuring that all declarations are signed and that the supporting documentation is attached
- Leaving a section blank or without the required signature may delay the processing of your form

## A. MEMBERSHIP DETAILS

Member number         Date of birth   /   /

Primary member name

Address (including suburb)

State  Postcode  Phone number

Email

## B. REACTIVATION DETAILS

☐ Please reactivate my membership

☐ Please reactivate this person on my membership

Policy to resume   /   /

☐ **Overseas suspension:** I have attached supporting documentation such as a boarding pass, e-ticket or international movement records.

☐ **Financial hardship:** I have attached supporting documentation such as a statutory declaration of when I returned to work or evidence of my last Centrelink payment.

## C. DECLARATION

I declare that the information that I have provided on this form is true and correct, and I have attached supporting documentation.  
Having read and understood the terms and conditions provided, I want to reactivate my membership/the above person on my membership.

Signature

Date   /   /

**WHAT NEXT?** Once form is completed please send to **GPO Box 9812, Sydney NSW 2001** or **info@teachershealth.com.au**

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