

DECEASED ESTATE DETAILS FORM

Updated January 2026

**NURSES
MIDWIVES
HEALTH**

Caring for the carers

CHECKLIST

- If you're the Executor of a Deceased Estate, please complete the *Deceased Estate Details* form. Make sure you include the payment details of the **Estate account** OR the payment details of the **appointed solicitor's trust account**.
- Along with your form, you'll need to send us a letter confirming administration of the Estate. This will be:
 - o A letter from a recognised financial institution confirming the Estate account has been set up, OR
 - o A letter from a registered legal practitioner confirming they've been appointed to administer the Estate.
- Send us your completed and signed form, along with the documents.

Phone **1300 344 000**
Overseas **+612 8346 2134**

Web **nmhealth.com.au**
Email **info@nmhealth.com.au**

Teachers Federation Health Ltd
ABN 86 097 030 414 trading as Nurses & Midwives Health.
A Registered Private Health Insurer

A. NURSES & MIDWIVES HEALTH MEMBER DETAILS

The Nurses & Midwives Health member's name

The Nurses & Midwives Health member's membership number

B. DECEASED ESTATE BANK DETAILS

If you're the Executor of a Deceased Estate, please provide bank details (either for the **Estate account**, or for the **appointed solicitor's trust account**).

Financial institution name

Account name

BSB number

Account number

C. EXECUTOR'S SIGNATURE

Please note: Only the Executor's signature will be accepted to make any changes to Estate bank account details.

What next? Send the form and documents to us by email to info@nmhealth.com.au.

Or you can send it by post to Nurses & Midwives Health, GPO Box 9812, Sydney NSW 2001