REACTIVATE SUSPENDED COVER FORM

Updated April 2026

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 D D / M M / Y Y Y Y

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 D D / M M / Y Y Y Y

- ○ **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 D D / M M / Y Y Y Y

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

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