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Membership Name

Name:

Member Number:

Change of Contact Details

Effective Date:

New Address

New Email Address:

Please Note: Email will be the form of communication.

New Telephone Details (H)

(M)

(W)

Add / Remove Dependant

Name	Relationship	D.O.B	Add	Remove
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Cover Details

Effective Date:

Membership Type

Hospital Cover

Extras Cover

Single:

Bronze Hospital:

Bronze Extras:

Family:

Silver Hospital Young

Healthy Extras

Silver Hospital
Nil Excess Only

Classic Extras

Gold Hospital:

Silver Extras:

Ambulance:

Thrifty:

Gold Extras:

Ambulance Additional:

Excess \$250
\$500

Ambulance Only:

Dependant Extension:

Smart Cover:

Change of Name.

Previous Name:

New Name:

Effective Date:

Signature: Date: