

# Adult child dependant registration

HCl family membership includes your natural, step, adopted and foster children under 23 years, as well as those 23 or over in certain circumstances. If you're joining HCl, or adding a new dependant to your policy, just complete this form and return it to HCl, PO Box 931, Burnie TAS 7320 or enquiries@hcltd.com.au.

Each year we'll send you a copy of this form for any children over 18 and ask you to provide an annual attestation regarding the eligibility of your dependants for the next year. You can find out more information about [eligible dependants](#) on our website.

## Member details

Name  Member number

Address

Mobile  Email

## Dependant details

Please complete details overleaf if you have multiple adult children dependants.

Full name of first dependant  Date of birth

Mobile  Email

My dependant is primarily dependent on me, and is **(please select one category)**

- aged 22 or less, and is not married or in a de facto relationship.
- aged 23 to 31 (inclusive) and is a full time student at 

Course commenced  and is due to be completed at

**Please attach a copy of registration/enrolment details from the educational institution.** Note that cover will cease on the course completion date unless you provide additional information.
- not a full time student but is aged 23 to 31 (inclusive), is not married or in a de facto relationship, and lives with me. I understand that a small additional premium is required in this instance, and I can contact HCl to find out how much.
- aged 32 or older, participating in the National Disability Insurance Scheme (NDIS) and holds an active NDIS Plan. They do not have to live with me and may have a spouse of their own. I understand that a small additional premium is required in this instance, and I can contact HCl to find out how much.
 

**Please attach a copy of your dependant's NDIS registration or NDIS plan.**

## Declaration

- I declare that any dependants on this form are my children and meet one of the above eligibility categories.
- I declare that all information provided on this form is accurate to the best of my knowledge and agree to inform HCl if any of these circumstances change.
- I understand that my dependants aged 23 or older may be removed from my family membership if I do not register them each year, and that waiting periods may then apply to any claims they make. If relevant, I have provided enrolment evidence to register my child as a student.
- I am the primary member or have the authority to act for the primary member. I have read HCl's Privacy Policy.

Signature  Date

## Dependant details

Full name of second dependant

Date of birth

Mobile

Email

My dependant is primarily dependent on me, and is **(please select one category)**

aged 22 or less, and is not married or in a de facto relationship.

aged 23 to 31 (inclusive) and is a full time student at

Course commenced  and is due to be completed at

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**Please attach a copy of your dependant's NDIS registration or NDIS plan.**

## Dependant details

Full name of third dependant

Date of birth

Mobile

Email

My dependant is primarily dependent on me, and is **(please select one category)**

aged 22 or less, and is not married or in a de facto relationship.

aged 23 to 31 (inclusive) and is a full time student at

Course commenced  and is due to be completed at

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**Please attach a copy of your dependant's NDIS registration or NDIS plan.**