

# Delegation of Authority



## Membership Details

Member Number \_\_\_\_\_

Name (*first name*) \_\_\_\_\_ (*surname*) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

## Authority

I, \_\_\_\_\_

authorise (*name*) \_\_\_\_\_ (*d.o.b.* \_\_\_\_/\_\_\_\_/\_\_\_\_)

of (*address*) \_\_\_\_\_

to make changes or enquiries on the membership, regarding:

- Personal details (*eg. address, phone number*)
- Level of cover
- Payment method
- Adding or removing a dependant
- General information regarding the membership

Please make this authority effective from \_\_\_\_/\_\_\_\_/\_\_\_\_

This authorisation does not allow the above nominated person to:

- Cancel the membership
- Change the status of the main member
- Access personal information such as medical details or conditions

## Declaration

I declare I am the main member of this policy.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_