



PHOENIX HEALTH FUND

Phoenix Health Fund Limited

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STUDENT DEPENDANT REGISTRATION DECLARATION

Dependants Name Date of Birth

I declare that my above named son/daughter is:

- ❖ Unmarried
- ❖ Under the age of 25 years
- ❖ Attending the following school, college or university

.....
.....

❖ Year attending educational institution

If the above named child marries, or passes from my care I will inform Phoenix immediately.

Name of Contributor
Please Print

Address
.....

Member Number

Signature Date

NB: Benefits will not be paid for dependants between the ages of 21 and 25 who have not formally registered with the Association.

PLEASE RETURN THIS COMPLETED FORM TO PHOENIX

OFFICE USE ONLY

I.D	D.O.B.	YEAR	ENTERED BY	DATE