

Student Declaration Form

Member Details

Member number

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 Member name _____

Address _____

Dependants name _____ DOB _____

Declaration

I declare that my above named son/daughter is:

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

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

Signature _____ Date Signed _____

Phoenix Health Fund Ltd

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