

Member Authorisation to change cover

In the event the expecting mother is unable to make decisions due to medical reasons and the newborn requires necessary medical care this authorisation form, upon notification from the treating specialist or hospital, allows Latrobe Health to upgrade the members policy to provide cover for the newborn.

As part of this authorisation, you will need to provide the following supporting information:

- Expected date of obstetrics admission
- Name of treating specialist
- Name of treating hospital

Policy Holder's Full Name	
Address	
Membership Number	
Expected date of obstetrics admission	
Name of treating specialist (if known)	
Name of treating hospital (if known)	
<p>If I am unable to make decisions due to medical reasons, I hereby authorise Latrobe Health Services to upgrade my health cover to a Single Parent Family or Family policy. This authorisation is to ensure that my newborn receives the necessary medical care.</p>	
<p>I understand that I am responsible for any applicable excesses and differences of premiums resulting from this upgrade.</p>	

Signature of Policy Holder:

Date:

***If you are not contacted by Latrobe Health Services regarding the birth of your newborn, it is the sole responsibility of the policy holder to alert Latrobe Health Services on the birth of the newborn as soon as possible.**