

Student Dependant Declaration

IMAN Australian Health Plan (IMAN) Membership No. _____

I (name of parent/guardian)

of (residential address)

declare that (dependent's name)

is unmarried, living with me and dependent on my visa, under the age of twenty five years, and is a full time student undertaking a recognised full time course in Australia

at (name of school, college or university)

student number

commencing from / / until / /

I undertake to inform IMAN of any changes to the above information. I also authorise IMAN to contact the above school, college or university for further details if required.

Member's signature **Date** / /

Dependent's signature **Date** / /