

# Change your details

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## Section 1

Your existing details with CareSuper

Member number

Date of birth (DD MM YYYY)

Mr Mrs Ms Miss Other

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

## Section 2

Your new details

Only fill in the details you want us to change. If you're changing your name or correcting your date of birth, you'll need to provide proof of your identity. Read our *Guide to providing proof of ID* fact sheet or call us for more details.

Mr Mrs Ms Miss Other

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Postal address

Suburb/Town/City

State

Postcode

Home phone

Mobile phone

Work phone

Email



### Section 3

#### Provide proof of identity

Only complete this section if you're changing your name, correcting your date of birth or updating your bank account details. The documents listed below must be in your new name if your name has changed.

Please verify your identity by choosing option 1 or 2.

**Option 1 – I want to use electronic verification**

By completing this section, I authorise CareSuper to use my details held for the purpose of confirming my identity. I understand that my details will be checked with the relevant official record holder through the use of third-party systems.

**Important:** Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.

Provide details of any TWO of the following:

#### 1. Australian driver's licence

Full name as appears on my driver's licence

My Australian driver's licence number

State of issue

Expiry date (DD MM YYYY)

Card issue number

#### 2. Medicare card

Full name as appears on my Medicare card

My Medicare number

Valid to (MM YYYY)

Colour of card

Green

Yellow

Blue

Your reference number on this card is

#### 3. Australian passport

Full name as appears on my passport

My Australian passport number

**Option 2 – I want to use paper-based verification**

I've provided certified proof of identity with this form. Read our *Guide to providing proof of ID* fact sheet for more details.

I authorise CareSuper to use my personal details for the purpose of confirming my identity if the paper copies of my certified identification documents are incorrectly certified, scanned or unable to be read. I understand that my details will be checked with the relevant official record holder through the use of third-party systems.

