



**CBB**  
Community  
Business Bureau

**MEDIBANK PRIVATE - CBB REFERRAL**

<b>NAME</b>	
<b>ADDRESS</b>	
<b>PHONE #</b>	
<b>BUSINESS PHONE #</b>	
<b>DATE OF BIRTH</b>	
<b>EMAIL ADDRESS</b>	

**GENDER**

**MALE**  **FEMALE**

**COVER SCALE**

**SINGLE**  **COUPLE**   
**FAMILY**  **FAMILY WITH ADULT**   
**SINGLE PARENT FAMILY**  **CHILDREN**

**COVER STATE**

**SA**  **ACT**  **NSW**  **QLD**  **TAS**   
**VIC**  **NT**

**DO YOU CURRENTLY HAVE PRIVATE HEALTH COVER?**  
 (Existing Medibank customers welcome to receive discount)

**YES**  **NO**

**IF YES, PLEASE SPECIFY**

<b>CBB CLIENT # (NCB)</b>	
<b>EMPLOYER NAME</b>	

Email to [Medibank@cbb.com.au](mailto:Medibank@cbb.com.au)

Fax (08) 8244 9145