

NEW ZEALAND FIREFIGHTERS' WELFARE SOCIETY

HEALTHCARE 99 CLAIM FORM

Name of Member _____ Date of Birth _____
 Address _____ Welfare Society Membership Number _____
 _____ Postcode _____ Phone Contact Number _____

Is this a Fire Service work related accident? YES/NO (delete one)

Is this an ACC related accident? YES/NO (delete one)

1. Out of Hospital Benefits Claim

Claimant 1 Name _____ D.O.B. _____ Sex _____

Date of Treatment	Name of Doctor or Specialist	Reason for Treatment (Please be specific)	Amount Claimed	
		Prescriptions		
SUB-TOTAL				

Claimant 2 Name _____ D.O.B. _____ Sex _____

Date of Treatment	Name of Doctor or Specialist	Reason for Treatment (Please be specific)	Amount Claimed	
		Prescriptions		
SUB-TOTAL				

Claimant 3 Name _____ D.O.B. _____ Sex _____

Date of Treatment	Name of Doctor or Specialist	Reason for Treatment (Please be specific)	Amount Claimed	
		Prescriptions		
SUB-TOTAL				

TOTAL AMOUNT CLAIMED \$ _____

Bank **Branch** **Account Number** **Suffix**
 Bank Account

Name of Account Holder _____

Please turn over

2. In Hospital Benefits Claim

Claimant Name _____ Age _____ Sex _____

Reason for Admission (Please be specific) _____

Date of Admission _____

Surgeons Fees (Original Account Attached) Amount Claimed \$ _____

Anaesthetist Fees (Original Account Attached) Amount Claimed \$ _____

Hospital Charges (Original Account Attached) Amount Claimed \$ _____

Post Surgical Costs (Original Account Attached) Amount Claimed \$ _____

Oral Surgery (Original Account Attached) Amount Claimed \$ _____

Total In Hospital Claims \$ _____, _____.

NOTES - Healthcare 99 is your Mutual Fund

Healthcare 99 is a mutual fund not an insurance scheme

- 1 Please be specific with your claims.
- 2 Conditions that are not detrimental to the immediate health of the participant are not covered.
- 3 Claims outside the 30 day rule requirement are not automatically covered.
- 4 All claims are subject to the conditions of Healthcare 99 and the schedule of benefits in force at the time.
- 5 Oral surgery is per the conditions, and unless otherwise allowed, must be by a member of A.N.Z.O.M.S.
- 6 Osteopaths should be members of the New Zealand Register of Osteopaths.
- 7 In the event of a dispute, refer to Rule 20, 21 in Healthcare 99 Rules.
- 8 Reconstructive or cosmetic treatment is not covered.
- 9 The payment of the claim is made to the member, except under exceptional circumstances as approved by the Trustee.

Queries: Phone 0800 50 51 52

Mail claim forms to:

**Aon New Zealand
P.O. Box 2845
Wellington 6140**

You can print your own Healthcare 99 claim forms from the **Firefighters Welfare Society** website.

Go to www.firefighters.org.nz

The site has helpful information and also has **FAQ** (frequently asked questions).