



NEW ZEALAND FIREFIGHTERS' WELFARE SOCIETY HEALTHCARE 99 APPLICATION FORM

Healthcare 99 is a mutual fund not an insurance scheme

Private Bag 31999 LOWER HUTT 5040 Telephone 0800 OK FIRE Fax 0800 65 3475
thesecc@firefighters.org.nz www.firefighters.org.nz

CONTACT DETAILS

Name of Member	Welfare Society Membership Number
Select either (please tick one) <input type="checkbox"/> Option A (Full Cover) <input type="checkbox"/> or Option B (In Hospital Only)	Member Phone Number

DETAILS (names known as)

Spouse/Partner	Date of Birth
Child	Date of Birth
Child	Date of Birth
Child	Date of Birth
Child	Date of Birth
Child	Date of Birth

BANK ACCOUNT DETAILS FOR REFUNDS

Bank	Branch	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I apply for Membership under the terms and conditions of the Mutual Fund Healthcare 99 and agree to its conditions.
 I declare that none of the applicants is receiving medication/treatment nor anticipates treatment. Exceptions to this are detailed below.

Name	Condition	Treatment

I declare the following medical treatment to the best of my knowledge received in the last 18 months.

Name	Condition	Date	Treatment Cost

MAIN POINTS TO NOTE ARE:

- All claims must be lodged within 30 days of being incurred. An original invoice/receipt must be provided. This does not need to have been paid.
- Pre-existing medical conditions and congenital conditions are excluded.

SIGNED	DATE
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FOR OFFICE USE ONLY, EFFECTIVE DATE
Approved by:
Date: