

Emergency Transport Benefit Claim Form



The AMWU shall provide an Emergency Transport Benefit to all Eligible Financial Members of the Union, including Immediate Family

Terms and Conditions

1. This benefit is immediately payable to Eligible Financial Members who are unable to receive financial assistance for emergency transportation through a legislated scheme, a health insurance policy or any other insurance policy.
2. Compensation shall be limited to a maximum of \$5,000 per Insured Person / Financial Member in any one 12 month period.
3. This benefit excludes inter-hospital transportation.

Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website www.coverforce.com.au or alternatively contact our Privacy Officer on 02 9376 7888.

This form is issued by
Coverforce Insurance Broking Pty Ltd
ABN 11 118 883 542
AFSL 302522

Definitions

Emergency Transportation means:

1. The necessary transportation by Emergency Transport, in circumstances of injury or sickness, to the nearest available hospital which is equipped to deal with the nature of the emergency; or
2. Treatment by Emergency Transport staff;

Eligible Financial Member Eligible Financial Member means a person who is a financial member of the Australian Manufacturing Workers' Union (AMWU). This benefit does not apply to retired members, or where the cover is provided by statutory or other means

Immediate Family includes only the spouse (including de facto) and any immediate dependents of the Eligible Financial Member.

Immediate Dependant includes the Eligible Financial Member's unmarried dependent children who are under 19 years of age and living with the Eligible Financial Member, or who are under 25 years of age and are full time students at an accredited institution of higher learning and are primarily dependent upon the Eligible Financial Member for maintenance and support. This includes stepchildren and legally adopted children.

Returning Your Form

Please ensure you have completed all necessary information and have attached all necessary documents, email, post or fax using the details below.

info@coverforce.com.au

Locked Bag 5273 Sydney NSW 2001

F 02 9223 1422

1. Member Details

Surname

Given Name(s)

Date Of Birth (DD/MM/YY)

Marital Status

AMWU Member Number

Employer

Home Phone

Mobile

Email

Residential Address

Suburb

State

Postcode

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2. Emergency Transport Details

Person Transported

Date of Transport (DD/MM/YY)

Time of Transport

Date Of Birth (DD/MM/YY)

Relationship to member

Reason for Transport (please provide full details)

Was the Emergency Transport related to a Motor Vehicle Accident?

No

Yes

Was the Emergency Transport related to a Workplace Accident?

No

Yes

Are you a current member of the "Ambulance Service Scheme in your state"
or hold any other Ambulance cover? e.g. Private Health Insurance

No

Yes

3. Payment Details

Please tick one option

Please pay the Ambulance Service directly (I have not yet paid the attached invoice)

Please reimburse me the costs associated with this Ambulance Service into my nominated bank account
(I have paid the attached invoice in full)

Bank

Account Name

BSB

Account Number

Declaration

I hereby declare that the information in this claim form is true, correct and complete. I understand and agree that if I make any false or fraudulent statements or fail to advise the AMWU or any relevant information regarding my claim, the AMWU may refuse to pay, and cancel my claim.

Signature

Name

Date (DD/MM/YY)