



Electrical Trades Union (Victorian Branch)

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**AMBULANCE BENEFITS SCHEME:  
AMBULANCE CLAIM FORM**

**Instructions for completing an Ambulance Claim**

This Form is to be fully completed (to avoid any processing delays) and returned with the following documents:

- **Tax Invoice/s from the Ambulance Service provider;**
- **If the claim is for a Dependant (Full-Time, fully dependant Student up to 25 years of age) , a copy of a Student Enrolment Document issued by a Secondary or Tertiary Institution to verify Full-Time student status;**
- **Completed and witnessed Ambulance Benefit Scheme Statutory Declaration**

ETU Members should read the **Ambulance Benefit Scheme Rules** document and the **Ambulance Benefit Scheme: Guide to completing a Statutory Declaration for an Ambulance Claim** document prior to submitting an Ambulance Claim with the ETU. These documents are available to download from the ETU's website, [www.etu.asn.au](http://www.etu.asn.au), or they can be obtained by calling the ETU on **(03) 8329 0000** during business hours.

**Member Details**

ETU Membership Number \_\_\_\_\_ Occupation \_\_\_\_\_

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Mob \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer / Company Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_ Phone \_\_\_\_\_

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## Ambulance user's details

Ambulance used by: Member / Spouse / De-facto Partner / Dependent Child

Date of Birth: \_\_\_\_\_

## Third Party Liability details

Please ensure that all the below has been checked and answered before returning your Ambulance Claim to the ETU.

- (1) Do you have Private Health Insurance that covers you and your Dependants for Ambulance Services? YES / NO. If you answered YES, please refer your Ambulance Invoice to your *Private Health Insurance provider*.
- (2) If the person/s using the Ambulance is covered by a Victoria issued DSS Pensioner Concession, Health Care, Veterans Affairs, or specific Entitlement Card, the Ambulance Invoice should be referred to Organisation that has issued the Card.
- (3) If the Ambulance was required for a workplace incident / accident, the Ambulance Invoice should be referred to your *Employer* if you have lodged a Workcover Claim.
- (4) If the Ambulance was required for a registered motor vehicle accident, please refer the Ambulance invoice to the Transport Accident Commission (*TAC*).
- (5) If the Ambulance was required for a sporting accident, please refer the Ambulance Invoice to your *Club's Insurance provider*.

Medical reason for using the Ambulance \_\_\_\_\_

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## Declaration

I / We declare that the information supplied on this form and in the attached documentation is correct and that I / We have not withheld any pertinent information that may affect this claim. I / We have read and understand the ETU's Ambulance Benefits Scheme Rules and the Ambulance Benefits Schemes-Guide to completing a Statutory Declaration for an Ambulance Claim documents. I / We release authority to the ETU to contact any of the above on my / our behalf for any payment or reimbursement of the Ambulance claim.

Signature of \_\_\_\_\_ Date \_\_\_\_\_

