



Electrical Trades Union (Victorian Branch)

**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, 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 _____

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 _____

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 _____

