



CLAIM FORM

Claim no _____
Date Received _____

Personal Details of Policy Holder	Email address _____
Full Name _____	Membership Number _____
Full Home Address _____	Date of Birth ____ / ____ / ____
_____	Place of Work _____
_____	Position held _____
Telephone Home (0) _____	Work (0) _____

PLEASE NOTE

All claims will be paid directly into the bank account provided by you below (Cheques are no longer issued)

My Bank Details:

Names and dates of birth of people for whom reimbursement is being claimed:

Name	Date of Birth	Name	Date of Birth	Name	Date of Birth

DECLARATION - THIS MUST BE COMPLETED IN ALL CASES

- I have contributed continuously to EBS since _____
- I am a member of _____ (name of union)
NB. Trainee Teachers must advise exact date joined.
- The dependants and/or my partner are registered.
- The events under claim are subject to reimbursement from another source. YES/NO
(e.g. medical insurance, ACC, linked and approved EBS Hospital Cover Provider)
Name of other source: _____
Payment advice received from this source is attached. YES/NO
- I understand that this claim will be treated in confidence and in accordance with the terms and conditions current at the time the events under claim occurred.
- All particulars stated on this form are correct and I hereby authorise the Society to make further investigation if required.

NOTE: The claim will be returned unprocessed if any details have been omitted. ALL SECTIONS MUST BE COMPLETED.

SIGNATURE OF APPLICANT _____ Date _____

PRIVACY ACT Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This claim form and any supporting documents collect personal information about you and is collected to effect the claim you make.
- (b) The intended recipient of the information is The Education Benevolent Society Incorporated who collect information for their own requirements. It is held by The Education Benevolent Society Incorporated whose office is at 84-88 Dixon Street, Wellington.
- (c) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the claim and is mandatory.
- (d) If you fail to provide this information it may result in your claim being declined or rejected.
- (e) Your rights of access to, and correction of this information is subject to the provisions of the Privacy Act 1993.
- (f) While for the most part we are able to treat this information as confidential between you and us, there are circumstances in which the practices of the insurance industry may require us to disclose this information for statistical purposes (however you are not identifiable).
- (g) In signing the claim form, you and any applicant authorise The Education Benevolent Society Incorporated to give or obtain from your own records, other insurers or other parties any information relating to any insurance held or any claim made by you.

