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Health Services Union

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/hsunsw

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HSU Emergency Ambulance Cover

Claim Form

1. MEMBER DETAILS

Surname First Name

Date of Birth (dd/mm/yy) HSU member number

Employer Occupation

Email

Telephone number (home) Mobile

Residential Address

Suburb State Postcode

2. EMERGENCY AMBULANCE COVER CLAIM DETAILS

Person Affected

Date of Emergency (dd/mm/yy) Time of Emergency

Reason for Emergency Ambulance Response
(please provide full details as to location and what happened to require an ambulance):

- Was the response related to a motor vehicle accident? Yes No
- Was the response related to a workplace accident? Yes No
- Is the claimant a member of an Ambulance Service Scheme? Yes No
- Does the claimant hold Private Health Insurance? Yes No
- Did the response occur prior to 1st July 2019? Yes No

Please check you have correctly completed all sections and saved the document prior to submitting.

HSU Emergency Ambulance Cover Claim Form *cont.*

The HSU NSW/ACT/QLD shall provide Emergency Ambulance Cover to all Eligible Financial Members of the Union.

Terms and Conditions

1. The benefit will be payable for eligible financial members who are unable to receive financial assistance for emergency ambulance through a legislated scheme, a health insurance policy or any other insurance policy (for example, CTP, workers compensation, sporting club policy or social security entitlement).
2. The benefit excludes inter-hospital transportation, transport from one home to another and transportation for reasons of convenience or social reasons.
3. The scheme only applies to emergency ambulance response services within Australia on or after 1st July 2019.
4. Compensation shall be limited to a maximum of up to \$5,000 per financial member in any financial year.
5. An eligible financial member is a person who is a financial member of the HSU NSW/ACT/QLD.
6. To be covered, a person must be an eligible financial member at the time of making a claim.
7. An eligible financial member is a person who has paid full current dues or is on direct debit or payroll deductions or has an approved waiver of HSU fees.
8. The benefit applies from the HSU membership joining date.
9. The benefit does not apply to life, retired or student members or members who are not paying union fees.
10. The benefit will be paid directly to the emergency ambulance service and not as a reimbursement to members.
11. A statutory declaration to be provided with the claim form that states all the details provided by the member are true and correct.
12. If there is a disputed claim for emergency ambulance costs, all the particulars must be set out in writing and shall be considered and determined by the Union Committee.

Definition

Emergency Ambulance 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 ambulance staff.

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 HSU NSW/ACT/QLD of any relevant information regarding my claim, HSU may refuse to pay, and cancel my claim.

Name

Signature

Date (dd/mm/yy)