BERT Ambulance Claim Form
Northern Territory

CFMEU QLD/NT

Please return this completed form to:

Email: claims@bert.com.au | **Fax:** 07 3832 3799 | **Post:** BERT, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

The BERT Ambulance Scheme provides cover to the worker's and their dependants, for the cost of ambulance travel occurring outside working hours.

DEPENDANT MEANS: The Worker's spouse (or partner with whom the Worker has cohabited for not less than 3 consecutive months) and includes the unmarried financially dependant children of the worker up to 16 years of age or up to 25 years of age if a FULL TIME STUDENT.

INSTRUCTIONS The form needs to be fully completed

The worker needs to complete ALL questions in the section of the form
Incomplete and vague information will delay the assessment of your claim.

MEMBER DETAILS

Surname ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Given name Date of birth D D M M Y Y Y Y

Street address

Suburb State Postcode

Postal address (Write 'AS ABOVE' if same as Street address)

Suburb State Postcode

Telephone Home Mobile

Email address

BERT Member No. (if known) Union CFMEU ☐ CEPU ☐ Union No. (if known)

PAYMENT DETAILS

Electronic Funds Transfer (EFT) is the quickest and most effective way to receive your benefit.

1. Please indicate your preferred method of payment for your claim:

☐ EFT ☐ Cheque (All cheques will be sent to your above address) (Please proceed to question 2)

To receive payment via EFT, we require a copy of your bank statement which clearly displays the following:

Name of Bank BSB Number –

Account Name Account Number

Please note: If details provided are incomplete, insufficient, illegible or incorrect a cheque will be issued.

CLAIMANT DETAILS

Surname ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Given names Date of birth D D M M Y Y Y Y

Relationship to Member ☐ Member ☐ Spouse ☐ Defacto ☐ Child ☐ Dependant Child

EMPLOYMENT DETAILS

Trading Name of Employer

Street address

Suburb State Postcode

AMBULANCE TRAVEL DETAILS

Give the exact date and time of the ambulance journey D D M M Y Y Y Y Time __ __ : __ __ am __ pm __

State in full detail exactly when and why the ambulance was required, advising the circumstances surrounding the incident.

Was the travel by Road __ by Air __

Where did the incident requiring the ambulance occur? Home __ Work __ Other (give details) __

Address where the incident occurred? __

Suburb __ State __ Postcode __

Did the accident occur while training or playing sport? __ Yes __ No If yes, name of club? __

PRIVATE HEALTH INSURANCE DETAILS

Do you have Private Health Insurance? __ Yes __ No If yes, name of your Health Insurer __

Does you Private Health Insurer Include Ambulance Cover? __ Yes __ No

AUTHORISATION OF CLAIMANT (If you are under the age of 18, a guardian is to sign authority)

I hereby authorise any ambulance provider, employer or any other person relevant, to supply BERT with any information including all current and prior history relevant to this claim. I agree that a photocopy of this authorisation form shall be considered as effective and valid as the original. I also declare that the information provided on this form is to the best of my knowledge and believe to be true in every aspect. I understand that supplying false or misleading information will result in my right to compensation beign forfeited.

Signature of Claimant X Date D D M M Y Y Y Y

AUTHORISATION OF MEMBER (If you are under the age of 18, a guardian is to sign authority)

I hereby authorise my union to supply BERT with details of my union payments to assist with eligibility to claim.

Signature of Member X Date D D M M Y Y Y Y

PLEASE PROVIDE A COPY OF INVOICE / RECIEPT FOR AMBULANCE USAGE

The BERT Ambulance Scheme Northern Territory provides coverage for the cost of Ambulance for all financial members of the:

a) Construction Forestry Mining & Energy Union (Queensland / Northern Territory Construction & General Division Branch)

b) Plumbers Union Qld / Northern Territory

Cover ceases immediately once a member is not a finanical member of the above Union(s) at the time of the Ambulance travel.

This benefit is only available to union members as specified and working within the Northern Territory.

Any claim received will only be considered for payment if the claim is submitted to BERT within six (6) months from the date of the ambulance travel.

No claims for Ambulance usage will be accepted which are a result of *(not a complete list)***:**

- An illegal act
- Health care card holders, where free ambulance cover is available
- An injury or sickness for which statutory insurance provides compensation
- Payments made in respect of an event occuring outside Australia or where a member does not remain within the Territory of Australia
- Transport between two public hospitals
- Transport from a public hospital to an external diagnostic facility
- Transport to and from a public hospital appointment

If you require assistance please call BERT on **1300 261 114**. Or email us at **enquiries@bert.com.au**

Office use only

Entered By (Initial) __ Date D D M M Y Y Y Y

Member Number __

Date Effective: 1 January 2017