



NEW ZEALAND FIREFIGHTERS' WELFARE SOCIETY

Private Bag 31999
Lower Hutt 5040



BA1 FORM (Benefit Application Form)

APPLICATION FOR BENEFIT (please print)

Membership Number Date _____

Surname _____ Email address _____

First Names _____

Type of Benefit Claimed _____

I have claimed all refunds from medical packages, social welfare, ACC and other benefit societies etc and the remaining cost to me is: (Include receipts and any other documentation) \$ _____

DETAILS

USE SEPARATE PAGE IF NECESSARY

Signature of Applicant _____
MUST BE MEMBER OF SOCIETY

MEMBERS BANK ACCOUNT DETAILS FOR BENEFIT PAYMENTS

Bank	Branch	Account Number	Suffix
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

WELFARE USE ONLY

Certified member not less than 12 weeks _____ Joining Date _____

Signature _____ Position _____ Date _____

Board Decision _____

Chairman _____ Secretary _____

Payments direct credit details _____ \$ _____ Date _____

Cheque number _____ \$ _____ Date _____