

NZ Firefighters Welfare Society Station Information Folder

*firefighters helping firefighters
awhi atu awhi mai*



This Information Folder is now on the Welfare Society Website. It contains the latest information about the Welfare Society and may be down-loaded as a pdf file to your computer for easy reference, or printed out to update any pages in the paper-based Yellow Folder which may exist at your work place.

This file contains the latest and most accurate information about the Welfare Society:

- phone numbers and addresses
- who is eligible to join
- membership benefits
- holiday/convalescent home information
- healthcare 99
- optional schemes
- sample forms
- where to find required forms

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Welfare Society Board and Staff

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Chairman	Keith Nixon	Lower Hutt	04 528 2088 (W) 04 563 6507 (H) 0272 480 102
Secretary	Darrel Surman	Upper Hutt	04 567 1725 (W) 021 685 010
Treasurer	Bruce Jensen	Lower Hutt	04 568 0680 (W)
Sales/Marketing Co-ordinator	Stephen Clarke	Churton Park	04 567 1768 (W) 021 505 698
Office Manager	Amanda Smith	Wainuiomata	04 567 1768 (W) 021 246 4939
Office Admin	Trish Filkins Karen Logan	Upper Hutt Wainuiomata	04 567 1768 (W) 04 567 1768 (W)
Regional 1 Rep	Darryl Johnston	Auckland	09 836 2716 (W) 09 817 7275 (H) 021 321 507
Regional 2 Rep	Jenna Collins	Hamilton/Taupo	027 526 6047
Regional 3 Rep	Noel Brock	Napier	06 834 4245 (W) 06 844 7702 (H) 0274 498 180
Regional 4 Rep	Erroll Tapiki	Wellington	04 5677 8380 (W) 04 528 5566 (H) 027 286 6194
Regional 5 Rep	Alice Jonathan	Christchurch	03 377 6452 (W) 021 025 68505
Regional 6 Rep	Kris Kennett	Dunedin	021 084 55486
Trustee	Ian Pickard	Rotorua	027 437 7241
Trustee	Brian Thompson	Hamilton	07 849 1067

The New Zealand Firefighters Welfare Society

Postal Address	Telephone	Physical Address	Aon Postal Address	Telephone	Facsimile
Private Bag 31999 Lower Hutt 5040	0800 OK FIRE 0800 65 3473 Facsimile 0800 65 34 75	41 Percy Cameron Street Avalon Film and TV Studios Lower Hutt	PO Box 30567 5040	0800 50 51 52	+64 4 566 1724

Membership Eligibility



MEMBERSHIP

A person maybe admitted to active membership in the Society if that person has a close association with the Fire and Emergency New Zealand (FENZ) and by reason of such association is approved to be admitted as a member by the board. Refer to Rule 5(a)

General Inquiry

Read through this folder ...

It is updated regularly and should contain all the necessary information.

The Society Website URL is www.firefighters.org.nz. Visit this site for an overview of the Society. All Society forms can be downloaded and printed off from these web pages.

The NZ Firefighters Welfare society email address is thesecc@firefighters.org.nz

Specific Inquiry

If a question you have is not covered in this folder, firstly contact your Welfare Society Station Representative (WSSR). For private matters concerning the Welfare Society or Healthcare 99, you may contact any member of the Board or Office. Contact details are on page 3.

For matters concerning detail of insurance matters as an optional extra, please contact the underwriter directly, Aon. Let them know you are a member of the NZ Firefighters Welfare Society

Complaints

Most problems can be resolved quickly if brought to the attention of the Society at an early stage.

The Welfare Society Board (preferably through your WSSR) will deal quickly with any matters of concern.

However, it should be noted that the Welfare Board must consider the entire Society in reaching its decisions and the result may not always suit an individual member.

Offering Assistance

The Welfare Society is there for your benefit and the Board is always keen to hear from you with your ideas on how you think improvements can be made to any aspect of the Society.

The structure of the Board shows that all positions (including the Chairman's) rely on members putting their names forward for election.

Would You Like to Become a WSSR?

If you are interested in assisting your fellow FENZ personnel, why not put your name forward at the next opportunity?

Membership Eligibility



The smooth operation of the Society relies very much on the local Welfare Society Station Representative.

In some districts where there are large numbers of persons or multiple stations represented by the one WSSR, he/she will probably need the assistance of a few extra station representatives in carrying out their requirements.

If this is of interest to you, please contact your Regional Representative. His/her name is on page 3. Or you may contact the office, if any assistance is required.

Requesting Assistance

It is the **MEMBERS** responsibility to notify the Society if he/she requires assistance of any sort.

In the first instance this should be to the local Welfare Society Station Rep but if this person cannot be located, then the Society Office may be contacted on the phone numbers on page 3.



Membership Only

\$5.00



**Less than
of a**



the cost

per week.

Benefits



1. Hospital/Home Visits

Eligibility

This benefit is available immediately to a member, member’s spouse or dependent child who through sickness or accident or is at home recovering for a period of at least 7 days or who is in hospital for a stay of least 24 hours, should be in the way of a gift basket.

Continuity

This benefit is available for a maximum of 10 fortnightly visits (may be extended by a Regional rep or the Board) during any one period of illness/injury. The first hospital/home visit may take the form of a gift basket. Gift baskets may be purchased by the welfare representative in order to assist members, spouses, or their dependents in a time of need or comfort. Contact the Society Office for further information.

Amount

The benefit is limited to a maximum amount as set from time to time by the Welfare Board. The grant is solely for the purchase of comforts by the Welfare Society Station Representative and in no circumstances is made in cash. The WSSR shall use his/her judgment regarding the particular purchase.

Claiming

When the WSSR is made aware of a person becoming eligible, he/she may immediately take it upon himself/herself to purchase the comforts, or may arrange for a gift basket to be sent by contacting the Society Office.

Interpretation

a) Hospital/Home Visits

i The maximum amount allowed for visits shall be as follows:

Child..... \$100.00

Member, Member’s Spouse \$150.00

Note: Receipts must be provided for any purchase.

ii The benefit is as above. The benefit is solely for the purchase of sickness comforts by the Welfare Society representative and in no circumstances should be made in cash. The representative shall use his/her judgement regarding the particular purchase. When the representative is made aware of a person becoming eligible, he/she may immediately take it upon himself/herself to purchase the comforts (flowers, petrol vouchers or some other prudent items for the benefit of that person), or may arrange for a gift basket to be sent by contacting the Society Office.

iii The first visit to a member, members spouse/partner or a child of the member, who through sickness or accident or is at home recovering for a period of at least 7 days or who is in hospital for a stay of least 24 hours, should be in the way of a gift basket.

Benefits



2. Gifts baskets – General Benefit

Eligibility

This benefit is available to a member, member’s spouse or dependent child who a Board member/Regional Rep, Secretary, Treasurer, WSSR, WSRR and Office Manager believe would be eligible for reasons of hardship, misfortune or in a time of need or comfort.

Continuity

This benefit is available for reasons of hardship, misfortune or in a time of need or comfort. Gift baskets may be purchased by the welfare representatives as stated above. Contact the Society Office for further information.

Amount

The benefit is limited to a maximum amount as set from time to time by the Welfare Board. The benefit is solely for the purchase of comforts by the Welfare Society Representative and in no circumstances is made in cash. The Welfare Society Representative shall use his/her judgement regarding the particular purchase.

Claiming

When the Welfare Society Representative is made aware of a person that may become eligible, he/she may immediately take it upon himself/herself to purchase the benefit, or may arrange for a gift basket to be sent by contacting the Society Office.

Interpretation

a) Gifts baskets – General Benefit

- i The maximum amount allowed for benefit shall be as follows:
 Child..... \$100.00
 Member, member’s spouse.....\$150.00
 Note: Receipts must be provided for any purchase.

- ii The Benefit is as above. The benefit is solely for the purchase of comforts by the Welfare Society representative and in no circumstances should be made in cash.

 The Welfare Society representative shall use his/her judgment regarding the particular purchase. When the Welfare Society representative is made aware of a person becoming eligible, he/she may immediately take it upon himself/herself to purchase the Benefit comforts, or may arrange for a gift basket to be sent by contacting the Society Office.

- iii This Benefit may be in the way of a gift basket, flowers, or some other prudent items for the benefit of that person.

b) Gift Basket

- i A Gift basket may be purchased by Welfare Society representatives to assist members, spouses or their dependents in a time of need, comfort or hardship.

Benefits



3. Ambulance Transport Benefit

Eligibility

This benefit is available to a member, or dependent who is required to pay for the cost of emergency ambulance transportation.

Continuity

The number of claims that may be submitted is only limited by the provisions of the following paragraph.

Amount

The benefit is limited to a maximum accumulated value of \$500.00 per member's family per year. The year commences from the date of the first claim

Claiming

The member shall provide a duly completed Society BA1 benefit claim form and an invoice and/or receipt from the provider of the transport within 90 days of receipt of such invoice from the provider.

Interpretation

Ambulance transport can be claimed only in New Zealand.

4. Television Hire

Eligibility

This facility is available to all members, and any dependent (providing that person is not in a children's ward) who is in hospital for a period of at least 24 hours.

Continuity

This facility is provided for as long as the eligible person remains an inpatient of any public or private hospital for any reason other than for the treatment of drug/alcohol dependency and/or psychological treatment.

Amount

The society will pay for the supply and installation of the television set and the daily rental fee

Claiming

The (Welfare Society Station Rep) WSSR will attempt, on his/her initial visit to the member in hospital, to ascertain the expected duration of hospitalisation. In the case of the spouse or dependent child it is the responsibility of the member to advise the WSSR and/or the Society Office of his/her wish to have a television set provided by the Society.

The WSSR shall make arrangements for the hiring of a television set through the normal hospital booking agency.

NB: This benefit is only provided where:

- the rental of television sets to patients is an accepted policy of the hospital administration
- the person in charge of the patient has given approval
- the hiring of television sets is a normal facility in the particular institution.

Benefits



5. Corrective Lenses

Eligibility

This benefit is payable to assist in the purchase of corrective lenses for a member, member's spouse or dependent child prior to attaining the age of nineteen (19) years.

Continuity

The benefit is payable for the purchase of the claimant's first ever set of corrective lenses (glasses or contact lenses) including frames and/or lenses.

Amount

The benefit is for a maximum of \$250.00 per claim. The total amount that can be claimed in any one year by any family is limited to \$500.00

Claiming

All claims are made using the BA1 claim form. (see page 41 of Information Folder)

6. Funeral Assistance

Eligibility

This benefit is not payable in the event of the death of a person having attained the age of sixty five (65) years. This benefit is payable immediately on the death of a member, member's spouse or dependent child prior to attaining the age of nineteen (19) years.

Continuity

The benefit is payable to the member or in the event of the death of the member the nominated beneficiary. There is no limit on the number of claims that may be submitted at the time providing:

- the death(s) occurred within the previous three months of making such claim
- the claim is made in respect of those members indicated above.

Amount

The benefit is for the following amounts:

- death of a member \$3,000.00
- death of a member's spouse \$3,000.00
- death of a dependent child \$1,000.00

NOTE: Payment may only be made where it is not in breach of the provisions of the Life Insurance Act 1908.

Claiming

When the Welfare Society Station Representative is made aware of a member becoming eligible, he/she shall immediately seek confirmation to that effect. After receiving confirmation he shall contact the Office Manager and relay the facts relating to the claim.

The WSSR will prepare an Application for Benefit form on behalf of the member. The Office Manager will upon receiving the information from the WSSR arrange for payment at the appropriate rate to be made as soon as practicable.

Benefits



When the benefit is offered to the member (there is no requirement that the member must accept the benefit) the WSSR must ensure that the claim form is completed and signed by the member or his/her representative.

If the member has not nominated a beneficiary the benefit will be forwarded to their estate.

Special Early Draw Provision

On the production of satisfactory evidence (in the opinion of the Welfare Board) 50% of the active members funeral assistance benefit may be advanced to a claimant if such person is suffering a terminal illness.

Interpretation

- a) Funeral Assistance Benefit - Death of an Unborn Child
 - i In the event of the passing of an unborn child, the Welfare Society may consider meeting part of the service/burial/cremation costs as long as sufficient proof can be provided to the Board Representative that costs have been, or will be incurred.
 - ii Any payments so made shall not exceed \$500 per event.
 - iii Any such payment shall be classified as a funeral expenses benefit.
- b) Death of a Member or their Partner over the Age of 65 Years
 - i "In the event of the death of a Member aged sixty five years or over (Senior Member) or their Partner aged sixty five years or over, the Society may have a Gift Basket or similar delivered to the remaining Partner or their Family"

7. Travel Assistance

Eligibility

This benefit may be claimed to assist with travelling costs when the member or his/hers dependents are required to travel over 100km to attend out of town medical appointments. It is limited to referrals from a GP specialist.

Continuity

The total amount that can be claimed in any one year by the member is limited to \$300.00.

Amount

The benefit is for 30 cents per km.

Claiming

All claims are made using the BA1 claim form with proof of appointment.
(see page 41 of Information Folder)

Benefits



8 Hospital Parking

Eligibility

This benefit may be claimed by a member or a member's spouse/partner for parking costs while visiting a partner/spouse or dependent in hospital.

Continuity

The total amount that can be claimed in any one year by the member is limited to \$ 150.00 with the year commencing from the date of the first claim.

Amount

The benefit is for \$150.00 per year.

Claiming

All claims are made using the BA1 claim form with receipts as proof of parking.
(see page 41 of Information Folder)

9. Home help

Eligibility

This benefit is available to assist members requiring home help. This benefit may be claimed where a member or their dependent is temporarily incapacitated and domestic help is required.

Continuity

The total amount that can be claimed in any one year by the member is limited to \$500.00.

Amount

The benefit is for a maximum of \$80.00 per day.

Claiming

All claims are made using the BA1 claim form with a copy of an invoice or receipts incurred attached.
(see page 41 of Information Folder)

10. Hearing Aids

Eligibility

This benefit is available to assist in the purchase of a hearing aid for the member or his/hers dependents. This benefit may be claimed for the purchase of the member or dependent's first-ever hearing aid. It does not cover batteries or repair costs.

Continuity

Limited to one claim per year.

Amount

The benefit is for a maximum of \$800.00 per claim, and is limited to one claim per year.

Claiming

All claims are made using the BA1 claim form with a copy of invoice or receipts attached.

Benefits



11. Birth Benefit

Eligibility

This benefit may be claimed by any member, on the birth of his/her child/children.

Continuity

The benefit must be claimed within 12 months of the birth of the child/children for whom the claim is intended.

Amount

The benefit is for \$100.00 per child.

Claiming

All claims are made using the BA1 claim form with a copy of the birth certificate or newspaper birth notice. (see page 41 of Information Folder)

12. Adoption Assistance

Eligibility

This benefit is available to assist a member with the costs involved in the adoption of children.

Continuity

This benefit must be claimed within 12 months of the adoption process being completed.

Amount

The benefit is for 60% of the costs involved up to a maximum of \$250.00 per child.
The total amount that can be claimed in any one year by the member is limited to \$500.00.

Claiming

All claims are made using the BA1 claim form with a copy of an invoice or receipts incurred attached.
(see page 41 of Information Folder)

13. Counselling

Eligibility

This benefit is available to assist members requiring counselling. This benefit may be claimed for members, their partner and dependent children requiring counselling.

Amount

The total amount that can be claimed in one year by a member is limited to \$500.00

Claiming

All claims are made using the BA1 claim form with a copy of an invoice or receipts incurred attached.
(see page 41 of Information Folder)

Benefits



14. DISCRETIONARY GRANTS or LOANS

Eligibility

A grant or loan may be made to any member of the Society in financial difficulties that the Welfare Board considers has been brought about by misfortunes. Junior members can only apply for a grant.

Continuity

The grant or loan is made at the discretion of the Welfare Board and as such is only made after a thorough investigation into the causes of the need to claim. All practical help will be given to the member prior to any financial assistance.

Amount

Under the Welfare Society's Rules 4(a) and 4(b)(i), a discretionary grant or loan is limited to a maximum of \$500.00

Claiming

Upon a member approaching the Welfare Society Station Representative regarding the submission of a claim, the WSSR will endeavour to discuss, in some detail, the problems faced by the member. The WSSR may, with the approval of the member enlist the assistance of other agencies specialising in particular fields where this is deemed advantageous.

Where the WSSR has received sufficient details he/she should ensure that:

- a) the form Application for Benefit (BA1) is completed
- b) the form Declaration to Pay Back Loan is completed
- c) forward this form to the Secretary with any notes of discussions which have taken place with other agencies.

Interpretation

- a) Decision
 - i Details of the loan shall then be submitted to the next Welfare Society Board meeting. The Board may defer this decision until a later Board meeting.
 - ii The decision of the Welfare Board regarding the payment or non-payment of such a claim and also whether it is in the way of a grant or a loan shall be final.
 - iii If the Board decides to offer a loan to the applicant, the interest (if any), the term, and any other conditions may be imposed by the Board.
 - iv The Secretary may make loans or grants up to a limit of \$500, after first seeking the advice and approval from the member's Regional Representative.
 - v All decisions relating to grants and loans shall be minuted.
 - vi There is no requirement that the member must accept the loan when offered.
- b) Loan Repayment
 - i After a period the Board member feels appropriate they shall contact the member concerned and enquire if they are able to begin repaying the loan.
 - ii If the loan is to be repaid the terms of repayment as well as date of repayment shall be established and the Office Manager shall be notified.
 - iii If member leaves the loan needs to be paid in full as per signed document Declaration to Pay Back Loan.

Benefits



- c) Claims without application
 - i The Welfare Society Board may approve discretionary loans or make grants or assist in some way, to members only under exceptional circumstances where no application has been received from a member.
 - ii A Regional Representative or Station Representative may make the application on behalf of a member.

15. Disaster Fund

The Board of the Welfare Society has set up a Disaster Fund under Rule 4(a) & b(i) as a benefit for members and their family.

The benefit is available to members who may be involved in a significant disaster as determined by the Board.

Any claim on this benefit will be at the discretion of the Welfare Board.

The WSSR may, with the approval of the member enlist the assistance of other agencies specialising in particular fields where this is deemed advantageous.

Where the WSSR has received sufficient details he/she should ensure that:

- a) the form Application for Benefit (BA1) is completed
- b) forward this to the Secretary with any notes of discussions which have taken place with other agencies.

Decision

The decision of the Welfare Board regarding the payment or non-payment of such a claim and also whether it be in the way of a grant or a loan shall be final. If the Board decides to offer a loan to the applicant, the interest (if any), the term, and any other conditions may be imposed by the Board. There is no requirement that the member must accept the loan when offered.

Interpretation

- a) A significant disaster and the response from the NZFFWS to it.
 - During the event
 - i When a disaster occurs that involves two or more members, the Welfare Board pre approves that the Chairman or Secretary along with two other Board members can approve an amount of \$15,000 that can be drawn on from the disaster fund for the benefit of members and their families in need of help.
 - ii This money from the disaster fund is for immediate use to assist the members and/or their families that require assistance and to cover any costs that occur to the Society when Society office holders carry out related activities.

Benefits



- b) **RESPONSE to a Significant Disaster**
When a Board member/Regional Representative, Secretary or staff member is notified of a significant disaster that has occurred, then that person shall first notify the Chairman, Secretary and the Regional Representative in whose region the event has taken place.
- i The Regional Representative in whose region the event has taken place shall endeavour to find out the extent of the event and what resources may be required.
 - ii The Regional Representative shall then contact the Secretary to arrange a conference call meeting ASAP (if required) to approve an amount of \$15,000 per (b)(i) above for the benefit of members and their families involved. Also the Regional Representative shall notify the meeting of what requirements would be needed to help members, members' families, the WSSR and the Regional Representative concerned.
 - iii The Chairman, Secretary or both, plus one other Regional Representative should arrange ASAP to liaise at the site of the event to support the Regional Representative and WSSR with their Welfare Society work.
 - iv In the event of a disaster emergency the NZFFWS Chairman/Secretary may appoint a disaster emergency response coordinator
 - v NZ Firefighters Welfare Society should notify FENZ of their actions and to offer them assistance where possible. This may involve a Welfare Society office holder to be the liaison person between FENZ and Welfare Society.
 - vi All moneys spent during this event must have receipts for audit purposes.
- c) **Claims on Disaster Fund - after an Event**
- i All claims on the disaster fund must be investigated by the Board member concerned.
 - ii Claims up to a maximum of \$1000.00 may be approved for payment by the Board member from the region concerned. The Secretary and Treasurer must be informed of the decision at the earliest convenience.
 - iii If the claim/claims total more than \$1000.00 and up to \$5000.00 they must be approved by the Board member concerned and any two of the following: Secretary, Treasurer or other Board Member.
 - iv Any claim/claims totaling more than \$5000.00 must be approved by a quorum of the Welfare Society Board.
 - v If the claim is being made for the personal use of the Board member concerned it must be approved by another Board member as well as the Secretary or Treasurer.
 - vi The Disaster Emergency Response Coordinator (DERC) is considered in this event to have the powers of the board member.
 - vii All claims shall be ratified at the next Board meeting.
 - viii Claims that are approved by the Welfare Society Board are to be paid out of the Disaster Fund Account only.

Benefits



16. Mobility Aid

Eligibility

This Benefit is payable to assist in the costs of Mobility Aids required for members, member's spouse or dependent child prior to attaining the age of nineteen (19) years.

Continuity

This benefit is payable to assist mobility Aid costs that Members may incur after an accident, illness or surgery.

Amount

The total amount that can be claimed in one year by the member is limited to \$300.00

Claiming

All claims must be made using a BA1 form with receipts attached



Holiday & Convalescent Homes



Holiday and Convalescent Accommodation



16. HOLIDAY AND CONVALESCENT HOMES OWNED BY THE SOCIETY

The Society owns seven homes, one each in Whangamata, Taupo, the Kapiti Coast, Nelson, Hanmer and two properties in Queenstown.

These homes will sleep up to eight adults, some on foldaway beds. You will need to supply your own linen, towels and toiletries. Linen however is supplied in the Whangamata and Queenstown homes.

Cost \$90.00 per night

A maximum stay of 28 days is permitted.

Members (except Junior members) can apply for electronic Holiday and Convalescent home booking access by applying for a password through the office at; thesec@firefighters.org.nz

How to book a holiday/convalescent home

1. Members (except Junior members) may book homes using the online booking facility located on the website or app for electronic devices. Members can book one year in advance.
2. For manual bookings use the Society's Form (HH1) and return it to the Welfare Office. These forms can also be downloaded from the Society's web page. www.firefighters.org.nz. Manual bookings are not confirmed until you have received confirmation from the Office.
3. Non NZFFWS Members with reciprocal booking rights can only book Welfare Society holiday homes ninety days from the date of booking.
4. Bookings are also available by contacting the office

All enquiries and bookings (from out-of-town numbers) call FREE on 0800 OK FIRE (0800 653 473) Wellington area (04) 567 1768.

Homes not owned by the Society

We have arranged reciprocal rights for Welfare Society members (except Junior members) to use the homes of the NZ Police and NZ Army Welfare fund when they are available. Go to the Welfare Society website for information on all homes. www.firefighters.org.nz

NZ Police Welfare Fund

Police units sleep two, four and six. You supply linen and towels.

Contact the NZ Police Welfare Fund on Wellington 04 472 0198 or 0800 500 122

The Police will then ask you to ring our Office for us to confirm your membership.

NZ Army Leave Centres

Contact them on 0800 111 823

Happy Holidaying.

Location of Holiday/Convalescent Homes



Kapiti

Paraparaumu is the favourite holiday spot for many people in the greater Wellington region with a climate often warmer and drier than other parts of the region, drawing holiday makers by the thousands during the summer months.

Sleeps 8



Nelson

This home is situated only five minutes from the beach and fun park and is in close proximity to restaurants and all amenities including breweries. It features a large fully fenced section, double garage and barbecue area.

Sleeps 8



Queenstown

There are two homes located in New Zealand's beautiful alpine resort. There are an endless number of activities available from the Shotover River; bungy, and the delights of Arrowtown. The golf resort of Milbrook is virtually on the doorstep.

Sleeps 8



Taupo

This home is situated just North of the town and it is only a stroll away from the lake, shops and parks. If your idea of a holiday is to fish for the famous trout that abound in the crater lake or just to laze around, you will find this a great location.

Sleeps 8



Whangamata

There is a double garage with internal access. This home is only a short stroll to town, clubs and the beach. Indoor/outdoor entertaining is possible. There is also plenty of room to park a boat on the property. There are two golf courses nearby as well.

Sleeps 6 - foldout couch in lounge for 2 additional



Hanmer

Set in the beautiful picturesque Hanmer Springs is a stunning four bedroom home that has been masterfully built with the sole purpose of being a holiday home. Surrounded by beautiful views this house will be enjoyed all year round.

Sleeps 8

HOLIDAY HOMES ARE AVAILABLE FOR CONVALESCENT PURPOSES

Conditions of Occupancy

- ↩
1. Only the following persons may occupy holiday/convalescent homes:
 - a. Member together with spouse, family and/or friends
 - b. Spouse together with family and/or friendsThe application is accepted and any approval to occupy given strictly on the basis of the details given on the application.
 2. If a member occupies a home in excess of the allocated period and does not vacate the home, the incoming occupant will be accommodated in alternative accommodation at the expense of the overstaying occupant.
 3. The member/spouse to whom the home is allocated may not without prior approval of the Society allow persons other than those shown on the application to stay overnight on the premises. Having regard to the requirements of clause (4) hereof approval will not be unreasonably withheld.
 - a. A Welfare Society representative may check to ensure that the identities of those in residence includes the member/spouse/partner who made the booking.
 - b. If it is found that the member/spouse/partner is not occupying the home, the member who made the booking will be charged treble the current rate and may have their membership terminated.
 4. As the Society must comply with the local authority health requirements, the maximum approved overnight occupancy level shall not be exceeded at any time. The Society reserves the right to order the immediate vacating of the premises if it is satisfied that this requirement has been breached.
 5. Once the credit card is validated, the calendar will indicate the home is no longer available for rental. The key code and other details will be forwarded immediately to the member's email address.
 6. While using the home the rental receipt and notice of allocation are to be produced to the caretaker or officeholder of the Society on demand.
 7. For their own protection the incoming occupants should immediately check that all items as listed in the inventory and information schedule are on the premises and undamaged. Where any discrepancies are detected, immediately upon detection, the occupant is to advise the caretaker/Society office. (0800OK FIRE)
 8. Cleaning of the homes is the responsibility of those using it. Occupants must make sure that the home is left clean and tidy and where a lawn mower is provided, the lawns are mowed as necessary before departure. If the home/property is left in a dirty or untidy state the Society will arrange commercial cleaners and charge the member concerned with the costs incurred.
 9. If you wish to cancel any allocated period of occupancy such cancellation must be notified in writing immediately to the Society. Where less than 28 days notice is given, unless there are adequate reasons provided to justify otherwise, the payment of the rental in question may not be refunded. The decision will be final. There will be a 50% refund for a cancellation from 29 to 56 days out from the rental period. Any other cancellation will attract a \$25.00 administration fee.
 10. The maximum period the home may be booked for any single booking is 28 days.
 11. All homes sleep between 6 to 8 adults, some on foldaway beds. You will need to supply your own linen, towels and toiletries.
 12. The homes cannot be sublet.
 13. Animals are not permitted in any homes or within any grounds.
 14. Smoking is NOT permitted inside the homes.
 15. If any of the above conditions are not complied with in full, and adequate and satisfactory explanations not provided the Society may:
 - a. Refuse admission to, or require the immediate vacating of the home in question; and/or
 - b. Determine the future eligibility of the member to receive such accommodation; and/or
 - c. Decide upon the liability of the member in respect of any additional costs incurred through the member or spouse's actions or omissions and these additional costs may be charged against your Credit Card or other means of payment.



Healthcare 99 Benefit



*firefighters helping firefighters
awhi atu awhi mai*

Healthcare 99 Mutual Trust Fund*It is not an insurance***What is it?**

It is a mutual trust fund (not an insurance) in which those Welfare Society members who wish to, pay a contribution as set from time to time by the Trustee to assist in the payment of medical expenses that may be incurred by the member or by his/her family.

What do I get out of it?

The fund pays back 100% of most medical bills incurred including doctors' visits and prescription charges however it will only cover medicine on the Health Department Tariff. This is Option dependent.

Who may join?

All Welfare Society members may apply to join Healthcare 99 after completing the approved application form.

Who processes the claims?

The trustee appoints a claims manager to look after all claims made to the Mutual Trust Fund. The Welfare Society will only become involved if there is a dispute of any sort between the Claims Manager and a member. (the current Claims Manager is Aon NZ)

How do I get further information?

If you require information of a general nature on Healthcare 99 please make contact with the Society on the phone numbers on Page 3. If you would like to contact the Claims Manager please phone Aon on 0800 50 51 52. If you would like to join Healthcare 99 Mutual Trust Fund, then see page 44 for where to go for printable forms. Contact the Welfare Society Office on 0800 OK FIRE (0800 653 473).

How is Healthcare 99 funded?

The Healthcare 99 benefit offered by the Society is entirely self-funded. The Fund belongs to the members who are currently paying Healthcare 99 contributions. The funds of the Society are not committed in any way to Healthcare 99.

Points to note

Existing conditions at the time of application may not be covered. Full disclosure is required. Claims must be submitted within 30 days of expenses being incurred. Refunds can be made only after original invoices have been forwarded. Dependent children, upon reaching 19 years of age, may continue participation as an adult under the parent's membership, or institute their own separate membership.

Healthcare 99 options are listed in the Table of Benefits, page 29, 31 and Contribution Rates Per Person, page 33.

Healthcare 99 Rules



AIMS AND OBJECTIVES

- 1 To provide members of the New Zealand Firefighters' Welfare Society and their families with assistance in health care during any sickness by providing a mutual fund to assist in meeting medical costs.

TRUSTEESHIP AND CLAIMS MANAGEMENT

- 2 The Trustee of Healthcare '99 shall be the New Zealand Firefighters' Welfare Society.
- 3 The Claims Manager of Healthcare '99 shall be determined from time to time by the Trustee but shall initially be AON NZ.

MEMBERSHIP

- 4 All members of the New Zealand Firefighters' Welfare Society are eligible to become members of Healthcare '99 upon completion and submission of the application form to the Trustee provided no pre-existing medical conditions exist. If pre-existing medical conditions exist applicants will only be accepted for membership if approved by the Trustee.
- 5 Existing members of Healthcare '99 may terminate their own membership from the fund by giving fourteen (14) days notice in writing to the Trustee of that member's intention to cease membership of the fund.
- 6 Membership of the fund shall cease immediately upon that member's termination of membership of the New Zealand Firefighters' Welfare Society.
- 7 The Trustee may give notice to any member that their membership shall be terminated by the Trustee if arrears of contributions are not paid in full to the Trustee within fourteen (14) days of the date such notice is sent to the member by ordinary post to the last known address of the member. In the event that the member fails to pay all arrears of contributions within the time allowed the Trustee may terminate that member's membership at any time from expiry of that date and notify the member accordingly by notice in writing to the last known address of the member.

CONTRIBUTIONS

- 8 The level of contributions shall be determined from time to time by the Trustee after obtaining professional advice. The level of contributions is set out on Page 31.
- 9 The contributions may be made to provide benefits for the member, his or her spouse and dependant children, which shall be based upon the option chosen by the member.
- 10 Contributions are deducted fortnightly, monthly or annually in advance from wages, salary or by direct debit from a bank account.

Healthcare 99 Rules (Con't)



CONSIDERATION OF CLAIMS AND PAYMENT OF BENEFITS

- 11 After payment of all expenses and other charges related to the fund the Trustee may in its absolute discretion, at any time or times:
 - 11.1 Accumulate all or any part of the contributions as an addition to the capital of the fund;
 - 11.2 Retain out of, or charge against the contributions for a financial period any reserves or other provisions that the Trustee thinks fit against any liabilities of the fund;
 - 11.3 Consider claims by financial members for assistance with the costs of medical treatment and determine in its absolute discretion whether to accept any claim and the amount of any benefits to be paid.
- 12 In exercising its discretion the Trustee may obtain and consider professional advice and may be guided by:
 - 12.1 The contributions available;
 - 12.2 The nature and extent of the claims received; and
 - 12.3 The advice of the Claims Manager.
- 13 A member is not a financial member if contributions are in arrears.

CLAIMS

- 14 Members must claim within thirty (30) days of the date of the treatment or event.
- 15 Claims will only be considered upon receipt of a fully completed official claim form. Claim forms are available during office hours from the Trustee or the Claims Manager.
- 16 Claims should be addressed to the Claims Manager.
- 17 Except in exceptional circumstances, the Trustee shall not pay any benefit entitlement to any person other than the member.
- 18 Whenever a member expects the cost of medical treatment or hospitalisation to exceed his or her own financial resources, the member may apply for urgent consideration of the member's claim.
- 19 In the event that the Trustee or the Claims Manager acting as the Trustee's agent declines a claim made by a member, that member may appeal by notice in writing to within twenty eight (28) days of the decision, to the Trustee for reconsideration of the member's claim. Upon receiving notice of such an appeal the Trustee shall reconsider the claim of the member and either declines it or accepts in whole or in part as the Trustee in exercise of its absolute discretion deems appropriate. The decision of the Trustee shall be final.

HEALTHCARE 99

(is not an insurance)

How to Make a Claim



1. Member must make the claim/s on a Healthcare 99 claim form only.
2. Member checks that they or the person they are claiming for did not have any condition existing which could have been reasonably expected to exist at the time of making application for membership to participate in Healthcare 99.
3. Member fills in and signs Healthcare 99 claim form.
4. Member attaches all original receipts/invoices to claim form.
5. Only original receipts/invoices will be accepted and processed by the claims manager.
6. Check that receipts/invoices fall within 30 day rule (14).
7. Post claim/s to claims manager.

ALL CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS OF TREATMENT OR EVENT

NB: Accident Compensation Corporation (ACC)/Accredited Employer Scheme (AES) claims.

Procedures, operations that your GP or specialist regard as ACC/AES CLAIMS.

1. You the member must first make a claim with ACC/AES if your claim is an ACC procedure or operation.
2. If your claim is declined by ACC/AES, then you must then first appeal that decision within the time frame allowed. Contact our claims manager or Society Secretary for help or go to our Website – Healthcare 99. The fund may help with any fund incurred.
3. If again, your claim is declined by ACC/AES, then you may seek pre-approval from Healthcare99 claims manager for the procedure or operation to pay for the procedure or operation/event.
4. If you get pre-approval you will then be required to work with and supply information to our agent so they can look at making a claim from the ACC/AES for cost of your procedure or operation/event. All cost incurred will be covered by Healthcare 99.
5. Once you have pre-approval and have supplied the information required by our agent you can go ahead and have your procedure or operation.
6. If you the member do not appeal the ACC/AES decision within the time frame allowed then your claim will be declined under rule 19 of Healthcare 99 rules.
7. All claims submitted are subject to reimbursement at the sole discretion of the Trustee
8. Contact our claims manager for help or go to the Welfare Society website www.firefighters.org.nz and click on Healthcare 99.

Important Notice

**ALL IN-HOSPITAL PROCEDURES
MUST HAVE PRIOR APPROVAL OF THE CLAIMS MANAGER**

Healthcare 99 - Terms and Conditions



Consideration for benefits under this mutual fund are available only to persons who have been accepted and remain acceptable by the Society for participation in Healthcare 99 and at all times during the currency of the fund are current with all contributions required. Contributions are payable in advance. All benefits are payable in New Zealand currency.

No benefit shall be payable in respect to any event either directly or indirectly related to:

- a) anything related to pregnancy or childbirth except for the initial consultation with the GP
- b) all types of infertility or treatment thereof
- c) all types of psychiatric or psychological conditions, geriatric care, including mental stress or depression
- d) the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion for nuclear fuel.
- e) being under the influence of intoxicating liquor and/or a drug (or combination of drugs) other than a drug taken or administered by and in accordance with the advice of a qualified and registered medical practitioner.
- f) any self inflicted illness, disability, injury or any accident or illness condition or disability arising from or caused by the taking of drugs or by intoxication or by nuclear contamination
- g) any expense recoverable from any other source, such as ACC, medical protection scheme or benefits.
- h) all types of cosmetic, plastic or reconstructive treatment unless stated elsewhere
- i) any condition not detrimental to the immediate health of the participant
- j) all types of contraception unless recommended by a doctor for non-conception use i.e. headaches
- k) all types of sterilisation other than on recommendation by a GP where the health of the member or spouse would be seriously affected by pregnancy. Letter from GP required with any claim.
- l) all types of dental treatment, oral surgery and other associated treatments except for the solely the removal of impacted or un-erupted teeth undertaken by a qualified dentist/surgeon that has preapproval from the claims manager or trustee
- m) all types of obesity or the treatment and the arising consequences
- n) all types of chronic or congenital condition
- o) all types of condition/s existing or which could have been reasonably expected to exist at the time of making application for membership to participate in Healthcare 99. Some pre existing condition/s may be considered as per Board policy at the time of application
- p) all types of in hospital treatment for any accident related conditions as defined by the Accident Compensation Corporation Act and its amendments and any Accredited Employer Scheme
- q) all types of treatment outside of New Zealand
- r) all types of orthotics, and/or external artificial devices & heart pacemakers
- s) all types of elective surgery removed from public hospitals by Government or its National Health Committee from the 1st January 2013
- t) all types of mole mapping
- u) all types of organ transplants or the treatment and the arising consequences
- v) all types of medical checkups for any reason, any related to a driving license, life insurance, travel
- w) all types of vaccinations

Healthcare 99 - Option A - Table of Benefits as at October 2017**IN HOSPITAL –**

- 1) Related imaging, scans, specialists consultations and surgically implanted prosthetic devices to a maximum of \$10,000 in total per operation/event.
- 2) All costs up to a maximum of \$60,000 per operation/event per person in total –

EXCEPT for –

1. Prior diagnostic imaging and scans performed out of hospital up to maximum of \$5000 for the one operation/event.
2. Cranial, and Cardiac surgery or treatment which is up to a maximum and limited to \$15,000 per operation/event per person in total in any one twelve month period, commencing from the date of the first diagnosis of any event.
3. Angiogram will be covered up to a maximum of \$5000 in total, angioplasty up to \$10,000 in total.
4. Oncology and Liver surgery or treatment which is up to a maximum of \$10,000 per operation/event per person in total in any one twelve month period, commencing from the date of the first diagnosis of any event.
5. Hip, Knee and Shoulder replacement or any approved reconstruction surgery or treatment which is up to a maximum of \$20,000 per operation/event per person in total, plus the implanted prosthetic devices to a maximum of \$10,000 in any one twelve month period, commencing from the date of the first diagnosis of any event.

The Trustee at its sole discretion may approve a further operation/event in any one twelve month period.

Includes all reasonable hospital room charges (except alcoholic beverages) of up to 10 consecutive 24 hour periods of \$500 in total for each 24 hour period.

NB: No benefit above is payable under Option A unless the member is hospitalized (in a registered hospital).

ALL IN HOSPITAL PROCEDURES MUST HAVE PRIOR APPROVAL OF THE CLAIMS MANAGER**NOTE:** New Member Benefit Claim waiting period

No claim/s shall be payable to any member or any dependant for a period of 12 weeks starting from the date of member's first contribution payment received.

Notwithstanding the above waiting period, the Trustee or HC99 Committee may authorise the payment of a claim/s whether in whole or in part if in the opinion of the Trustee or HC99 Committee that exceptional circumstances exist.

OUT OF HOSPITAL –

General practitioner fees 100% up to a maximum of \$500 per annum per person.

Specialist Fees

100% up to a maximum of \$5000 per annum per person.

Must be on referral from a GP:

Includes ECG, eye specialist doctor of physical medicine, diagnostic or investigatory examination by a consultant physician.



Prescriptions Charges

100% of the Government and pharmaceutical part of charges current at the time of the treatment up to a maximum of \$1,000 per annum per person.

This applies only to medicine on the New Zealand Pharmaceutical Schedule and any amendments at the time of any claim.

Other Medical Benefits

Only on referral from a GP or Specialist - Physiotherapy, chiropractor, osteopath and acupuncture.

Up to \$400 per annum in total per person.

Optometrist - visit consultancy fee only. - Corrective lenses cost not included.

Up to \$200 per annum per person.

ALL CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS OF TREATMENT OR EVENT.

***Healthcare 99 - Option A1 - Table of Benefits* as at October 2017**

The Benefits are exactly the same as Option A, however the returns are 75% of the maximum amounts shown in Option A.

Healthcare 99 – Table of Benefits - Option B

↩ IN HOSPITAL –

- 1) Related imaging, scans, specialists consultations and surgically implanted prosthetic devices to a maximum of \$10,000 in total per operation/event.
- 2) All costs up to a maximum of \$60,000 per operation/event per person in total -

EXCEPT for –

1. Prior diagnostic imaging and scans performed out of hospital up to maximum of \$5000 for the one operation/event.
2. Cranial, and Cardiac surgery or treatment which is up to a maximum and limited to \$15,000 per operation/event per person in total in any one twelve month period, commencing from the date of the first diagnosis of any event.
3. Angiogram will be covered up to a maximum of \$5000 in total, angioplasty up to \$10,000 in total.
4. Oncology and Liver surgery or treatment which is up to a maximum of \$10,000 per operation/event per person in total in any one twelve month period, commencing from the date of the first diagnosis of any event.
5. Hip, Knee and Shoulder replacement or any approved reconstruction surgery or treatment which is up to a maximum of \$20,000 per operation/event per person in total, plus the implanted prosthetic devices to a maximum of \$10,000 in any one twelve month period, commencing from the date of the first diagnosis of any event.

The Trustee at its sole discretion may approve a further operation/event in any one twelve month period.

Includes all reasonable hospital room charges (except alcoholic beverages) of up to 10 consecutive 24 hour periods of \$500 in total for each 24 hour period.

NB: No benefit above is payable under Option B unless the member is hospitalized (in a registered hospital).

NOTE: New Member Benefit Claim waiting period

No claim/s shall be payable to any member or any dependant for a period of 12 weeks starting from the date of member's first contribution payment received.

Notwithstanding the above waiting period, the Trustee or HC99 Committee may authorise the payment of a claim/s whether in whole or in part if in the opinion of the Trustee or HC99 Committee that exceptional circumstances exist.

ALL IN HOSPITAL PROCEDURES MUST HAVE PRIOR APPROVAL OF THE CLAIMS MANAGER.

Healthcare 99 – Table of Benefits - Option B1

-↩

The Benefits are exactly the same as Option B, however the returns are 75% of the maximum amounts shown in Option B.

Healthcare 99 – Changing Options

Members wishing to change Options

When a member elects to move downwards from one option to another that has lesser benefits, then there will be a waiting period of twelve (12) weeks before the member can make a claim on their new option. Any claims lodged after the date the new cover was confirmed by the committee will be assessed on the lower limits and coverage.

When a member elects to move upwards from one option to another that has greater benefits, then there will be a waiting period of twelve (12) weeks before the member can make a claim on their new option.

Note:

If you are to change your Healthcare Option to an Option that has increased benefits, during your 12 week stand down you will be charged a the higher Option contribution rate. Please note until your 12 week stand down has been completed you still have the ability to claim medical expenses against your former Healthcare option.

Once a member has elected to move upwards they cannot elect to move downwards to a lesser option for two (2) years. The member must declare any material facts or changes that may influence the decision to accept the change of cover.

The Trustee has the sole discretion to decline any member's request to move from one option to another.

Healthcare 99 is not an insurance plan.

Points to Note



- ✓ Healthcare 99 Mutual Health Fund is NOT an insurance plan
- ✓ Please check the Information Brochure for Terms & Conditions before making any claim
- ✓ All claims submitted are subject to reimbursement at the sole discretion of the Trustee. (Rules 11. 19.)
- ✓ Existing conditions at the time of application will be considered only following full disclosure by the applicant
- ✓ Refunds are made only to the member on original receipts/invoices only
- ✓ Check that receipts/invoices are less than 30 days old before sending to claims manager
- ✓ Dependant children upon reaching 19 years of age may continue participation as an adult under their parents' membership or institute their own membership
- ✓ For any ACC/AES claim/s you must first apply to the ACC/AES
- ✓ Making a claim on Healthcare 99 must be completed on the current official Healthcare 99 claim form
- ✓ You can only claim up to \$15,000 for Cranial, Liver, Oncology and Cardiac (except Angiogram up to \$5,000 in total and or Angioplasty up to \$10,000 in total) treatment
- ✓ You can only claim up to \$20,000 for Hip, Knee or shoulder replacement or reconstruction surgery or treatment plus the implanted prosthetic devices up to \$10,000 total
- ✓ ACC claims including part charges will not be covered by Healthcare 99.
- ✓ ALL IN-HOSPITAL PROCEDURES MUST HAVE PRIOR APPROVAL OF THE CLAIMS MANAGER.

FIREFIGHTERS HELPING FIREFIGHTERS

(and their families)

awhi atu awhi mai

www.firefighters.org.nz

thesec@firefighters.org.nz



firefighters helping firefighters
awhi atu awhi mai



Contribution Rates Per Person as at Oct 2018

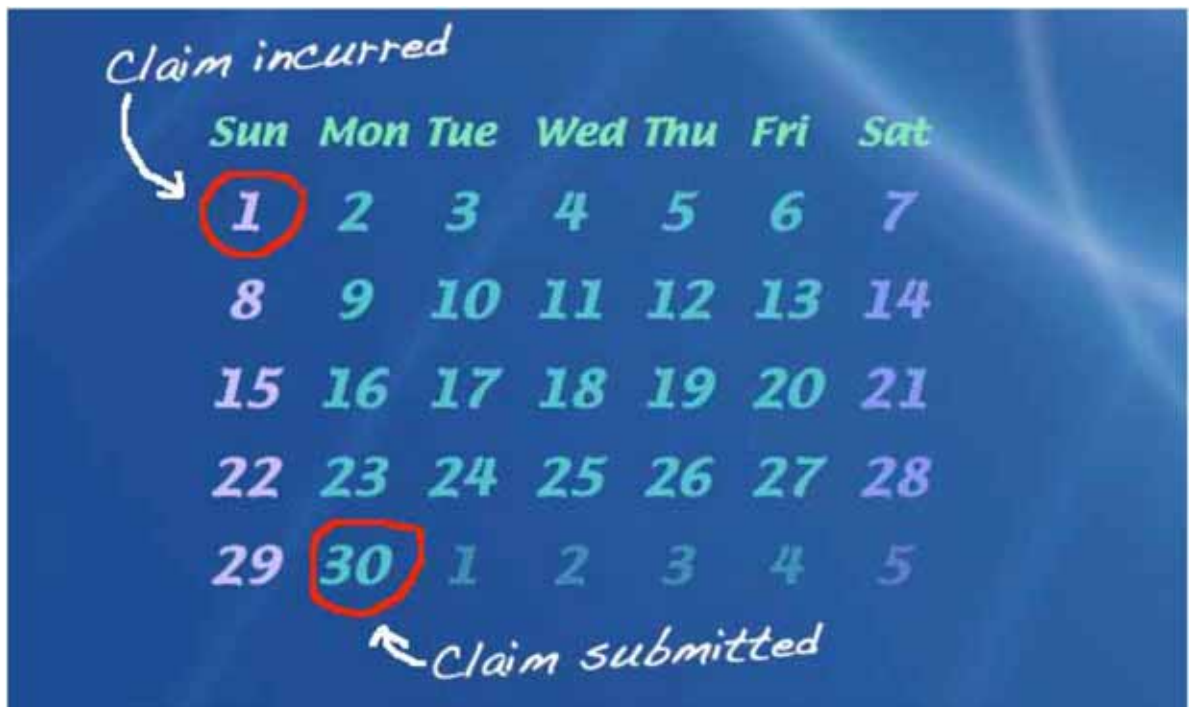
<i>CONTRIBUTION RATES : ANNUALLY - MONTHLY - FOTNIGHTLY, OPTION A, OPTION A1</i>							
	Annual	Monthly	F/Night		Annual	Monthly	F/Night
Option A				Option A1			
Under 19	\$525.92	\$43.83	\$20.17	Under 19	\$420.74	\$35.06	\$16.14
19-24 years	\$903.25	\$75.27	\$34.65	19-24 years	\$722.60	\$60.22	\$27.72
25-29 years	\$991.69	\$82.65	\$38.04	25-29 years	\$793.36	\$66.11	\$30.43
30-34 years	\$1415.90	\$117.99	\$54.31	30-34 years	\$1132.72	\$94.39	\$43.45
35-39 year	\$1504.32	\$125.36	\$57.70	35-39 year	\$1203.46	\$100.29	\$46.16
40-44 years	\$1626.08	\$135.50	\$62.37	40-44 years	\$1300.87	\$108.41	\$49.90
45-49 years	\$1773.46	\$147.79	\$68.02	45-49 years	\$1418.77	\$118.23	\$54.42
50-54 years	\$2117.50	\$176.46	\$81.22	50-54 years	\$1694.00	\$141.17	\$64.97
55-59 years	\$2471.25	\$205.94	\$94.78	55-59 years	\$1977.00	\$164.75	\$75.83
60-64 years	\$3015.44	\$251.29	\$115.66	60-64 years	\$2412.35	\$201.03	\$92.53
65-69 years	\$3920.14	\$326.68	\$150.36	65-69 years	\$3136.12	\$261.34	\$120.29
70 years +	\$4508.28	\$375.69	\$172.92	70 years +	\$3606.62	\$300.55	\$138.34
<i>CONTRIBUTION RATES : ANNUALLY - MONTHLY - FOTNIGHTLY, OPTION B, OPTION B1</i>							
	Annual	Monthly	F/Night		Annual	Monthly	F/Night
Option B				Option B1			
Under 19	\$272.37	\$22.70	\$10.45	Under 19	\$217.90	\$18.16	\$8.36
19-24 years	\$521.10	\$43.43	\$19.98	19-24 years	\$416.86	\$34.74	\$15.99
25-29 years	\$579.45	\$48.29	\$22.23	25-29 years	\$463.56	\$38.63	\$17.78
30-34 years	\$792.83	\$66.07	\$30.41	30-34 years	\$634.27	\$52.86	\$24.33
35-39 year	\$880.41	\$73.36	\$33.77	35-39 year	\$704.33	\$58.69	\$27.02
40-44 years	\$945.22	\$78.77	\$36.26	40-44 years	\$756.18	\$63.01	\$29.00
45-49 years	\$1061.99	\$88.49	\$40.73	45-49 years	\$849.60	\$70.80	\$32.59
50-54 years	\$1412.30	\$117.69	\$54.17	50-54 years	\$1129.84	\$94.15	\$43.34
55-59 years	\$1762.59	\$146.88	\$67.61	55-59 years	\$1410.08	\$117.51	\$54.08
60-64 years	\$2306.44	\$192.20	\$88.46	60-64 years	\$1845.15	\$153.76	\$70.77
65-69 years	\$2998.29	\$249.86	\$115.01	65-69 years	\$2398.63	\$199.89	\$92.00
70 years +	\$3448.13	\$287.34	\$132.26	70 years +	\$2758.50	\$229.87	\$105.80

NB: All of your dependants must come under the same option i.e. you're either all Option A, A1 or all Option B, B1 (Hospital & related Scanning & Imaging)





Remember the 30 day rule.





Optional Schemes



General Insurances

General Insurance



The Welfare Society in association with Aon offers an exclusive insurance package to members of the New Zealand Firefighters Welfare Society. Junior members will be subjected to underwriting criteria and any policy terms and conditions.

TYPES OF COVER

Domestic insurance

- House
- Contents
- Motor vehicle
- Pleasure craft

Income protection cover

Covers fire fighting.

Call free phone on 0800 50 51 52 for your free no-obligation quote. Please state that you are a NZ Firefighters Welfare Society member.

Personal life and serious illness insurance cover



Life Insurance

Trauma Insurance



Sample Forms



	<p>NEW ZEALAND FIREFIGHTERS' WELFARE SOCIETY Private Bag 31999 Lower Hutt 5040</p> <p>BA1 FORM (Benefit Application Form)</p>		
APPLICATION FOR BENEFIT (please print)			
Membership Number	<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"/>	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			
_____ _____ _____			
Signature of Applicant _____		USE SEPARATE PAGE IF NECESSARY	
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"/>
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 _____	



Printable Forms

**All required forms can be obtained
from the following web site.**

www.firefighters.org.nz