

Claim Form

- Use this form to make a claim by email or post.
- Other claiming options include online (via members.tuh.com.au) for most benefits of up to \$400, or through the free TUH mobile app (tuh.com.au/app).

Member name

Membership number

1. About my claim

Claims must be made within two years of the date of service.

Receipts/accounts must have the following information:

Name and address of the person, organisation or clinic who provided the service

Name of person who received the service

Date of service

Whether the account has been paid in full

Itemised cost of service including item numbers or description of the product or service

Only available on Ultimate Choice, Easy Choice, or Total Care Hospital with Comprehensive Extras covers:

I would like to claim my out-of-pocket expenses through Active Health Bonus.

2. Payment

I would like my claim payment to be paid:

into the bank account already registered with TUH

into my new bank account

Account holder name/s

Account number

BSB number

Please pay all future claims into this account

3. Acknowledgement and declaration

I declare the costs involved in this claim are not recoverable as part of workers compensation, or third-party insurance or damages. Where the cost of treatment is compensated for and/or reimbursed by a third party, I agree to repay TUH the amount paid in benefits under this claim.

I authorise TUH to use my personal information in accordance with TUH's Privacy Policy available at tuh.com.au/privacy.

Signature

Date (dd/mm/yy)

4. Submitting your claim

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| <p> Email
onlineclaims@tuh.com.au
Attach copies of receipts and retain originals for 12 months after claim has been paid.</p> | <p> Post
TUH, Reply Paid 265
Fortitude Valley QLD 4006
Remember to enclose your receipts.</p> |
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