

Claim form



Use this form to make a claim by email, post or in person. You can also claim online for most benefits of up to \$400 via our website. Go to Member Services Online at tuh.com.au to find out more.

Member Number			
Member Name		Date of Birth	

About your claim

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

Check your receipt/accounts 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
- Item numbers or description of the product or service

I would like to claim my out-of-pocket expenses through Active Health Bonus.
(Only available on eligible levels of cover. For more information, phone 1300 360 701 or visit our website.)

Your payment I would like my claim payment to be paid:

into my bank account already registered with TUH Name of account holder:

into my bank account (details adjacent) BSB: -

Account number:

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.
- I authorise TUH to use my personal information in accordance with TUH's Privacy Policy.

Signature: Date:

Returning your claim form



Email: scan your receipts with this form and email to onlineclaims@tuh.com.au
You must retain your receipts for 12 months after the claim has been paid.



Postal: enclose your receipts with this form and send to:
TUH, Reply Paid 265
Fortitude Valley QLD 4006



In person: present your receipts with this form to reception at TUH
438 St Pauls Terrace, Fortitude Valley.
Payment will be made by direct debit or cheque.