# **Claim Form**



- · Use this form to make a claim by email or post (please allow up to 5 days for processing).
- Other claiming options include:
  - 1. Our app (tuh.com.au/app) the quickest, most convenient way to submit your claim and have benefits paid sooner!
  - 2. Online (via members.tuh.com.au) for most benefits over \$10

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
- Item numbers or description of the product or service

I would like to claim my out-of-pocket expenses through Active Health Bonus if available. (Not available to members on Basic Extras)

### 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 my Provider to release information in relation to this claim to TUH in accordance with the Fund Rules, for the purposes of ensuring correct payment of benefits.
- I authorise TUH to use my personal information in accordance with TUH's Privacy Policy.

#### **Signature**

Date (dd/mm/yy)



## 4. Submitting your claim



online.claims@tuh.com.au



Post TUH, Reply Paid 265 Fortitude Valley QLD 4006

Remember to enclose your receipts.