

# Claim Form

- Use this form to make a claim by email or post.
- Other claiming options include online (via [members.tuh.com.au](https://members.tuh.com.au)) for most benefits over \$10, or through the free TUH mobile app ([tuh.com.au/app](https://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
- 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.

(Only applies to members on Ultimate Choice, Easy Choice, or Total Care Hospital with Comprehensive 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 TUH to use my personal information in accordance with TUH's Privacy Policy.

Signature

Date (dd/mm/yy)

## 4. Submitting your claim

 **Email**  
[claims.enquiries@tuh.com.au](mailto:claims.enquiries@tuh.com.au)

 **Post**  
TUH, Reply Paid 265  
Fortitude Valley QLD 4006  
Remember to enclose your receipts.