

IMPORTANT

Please ensure that every question is answered fully. Incomplete answers and vague information will delay processing of your claim. If space is insufficient to provide all relevant information please attach additional sheets.

MEMBER DETAILS

A

Membership Number	
Full Name	
Residential Address	
Date of Birth	
Marital Status	
Mobile Number	
Email Address	
Employer & Work Site	
Occupation	

DETAILS OF EMERGENCY TRANSPORT USER

B

Emergency transport user same as member in Part A. (please move on to part C.)

NAME	
ADDRESS	
AGE	
RELATIONSHIP TO AWU MEMBER	

DETAILS OF THE EMERGENCY TRANSPORT USE **C**

QUESTIONS	YES	NO
Did the injury happen at work?		
Did the injury involve a motor vehicle		
Does the emergency transport user have private health insurance that includes emergency transport cover?		
Is the emergency transport user a member of a severance scheme?		
Does the emergency transport user have a health care card / veterans affairs card?		
Has the emergency account been paid? (If yes, please attach evidence of payment.)		

Date of the emergency transportation:

Have you claimed the ETS service this year?

YES NO

Please provide a detailed description of the reason the user required emergency transport including the specifics of the medical condition: (PLEASE USE EXTRA PAPER IF REQUIRED)

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DECLARATION **D**

I / We declare that the information supplied on this form and in any attached documentation is correct and that I/ we have not withheld any material that may affect the claim.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____