koruhealth
Healthcare Society

Application Form

Instructions

Please complete this form neatly and send in the internal post to:
KoruHealth, CHC15 or external post to C/- Christchurch Engineering, PO Box 14005, Christchurch Airport.

Need help filling out this form?
Telephone: 03 374 7621 / 378 2464 or extn 87621 / 86464 Email: KoruHealthAdmin@airnz.co.nz

Personal Details

Air NZ Employee ID: Title: First name: Surname:

Home Address:
(including postcode)

Contact Numbers: Home: Mobile: Date of Birth:

Email Address: Preferred Contact Method: By Post By Email

Membership Details

Membership Type: Single ($17.00 a fortnight) Married/Partner
Single Parent + 1 Child ($34.50 a fortnight) Family ($40.00 a fortnight)

NB: If you wish to include children that are not your natural or adopted children, they must be covered under a separate single membership
If opting for Married / Partner or Family membership, please ensure you complete the following section and include copies of marriage and/or birth certificates with this form. Alternatively, you can provide documented evidence that you and your partner reside at the same address, such as mortgage / tenancy agreement or utility bills.

Complete following section if you have selected a married/partner OR family membership

Partner's First Name: Partner's Last Name:

Child's First Name: Child's Last Name: DOB:

Child's First Name: Child's LastName: DOB:

Child's First Name: Child's Last Name: DOB:

Child's First Name: Child's Last Name: DOB:

Child's First Name: Child's Last Name: DOB:

NB: If you wish to cover children that are not your natural or adopted children, they must be covered under a separate single membership.

Other Memberships

Are you a member of another medical scheme? No Yes Provider:

What type of cover do you have?

Signature

Signature of member:
I hereby certify that all the details I have entered are correct and I am happy to pay any additional fees resulting from a change of membership:

Date:

NB: All benefits are subject to the absolute discretion of the Board and membership fees convey only the right to claim for specified expenses.

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