



## 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

Change of Personal Details

Change of Contact Method

Change of Membership

Addition to Membership

## 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 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 a mortgage/tenancy agreement or utility bill.**

Complete the following section if you are CHANGING your membership type to Married I Partner/Single Parent+ Child or Family

Partner's First Name:

Partner's Last Name:

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:

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.**