

Application Form

Children aged 19+



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

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: Adult Child of current Air NZ employee (\$17.00 a fortnight) Adult Child of Former Air NZ employee (\$960.00 per annum)

Parent's Employee #: _____

Parent's First Name: _____

Parent's Last Name: _____

Please ensure you include a copy of your birth certificate with this form if not previously listed on family policy.

Bank Details

Please specify whether you would like payments made into your parent's bank account or your own.

Payments to be made into parent's bank account or Payments to be made into my bank account

Adult child's bank account details:

Bank Account Number: _____
(eg 01-1234-1234567-00)

Account Name: _____

If supplying your bank account details, please ensure you include a bank deposit slip when sending this form.

Other Memberships

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

What type of cover do you have? _____

Signature

Signature of adult child:

I hereby certify that all the details I have entered are correct and I agree to be bound by the rules of KoruHealth:

Date: _____

Signature of parent member:

I hereby agree that I am responsible for payment of my dependent's fees:

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.