



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 (\$18.00 a fortnight) Married/Partner Family (\$42.00 a fortnight)
Single Parent + 1 Child (\$36.50 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.