



**Instructions**

Please complete this form neatly and send to:  
Koruhealth, C/- Christchurch Engineering, P O Box 14005, Christchurch Airport 8544 or Internal OCS mail, Koruhealth CHC15  
Need help filling out this form?  
Telephone: 03 374 7621 or extn 87621      Email: KoruhealthAdmin@airnz.co.nz

Amount Refunded:  (ADMIN ONLY)

**Personal Details**

Air NZ Employee ID:       Koruhealth Membership Type:  Single    Married    Family

Surname:       First name:       Title:

Home Address:

Contact Numbers:    Work:       Home:       Mobile:

Email Address:

**Claimant Details**

Claim is for:     Self    Spouse    Dependent    Partner's child      Are you a member of another medical scheme?  
 No    Yes

(1) Claim Name:

(2) Claim Name:       Provider:

(3) Claim Name:       What type of cover do you have:

**Description of Claims**

<input type="checkbox"/> Specialist Consultation	\$ <input type="text"/>
<input type="checkbox"/> Medical Benefit – Hospital, Surgeon, Anaesthetist	\$ <input type="text"/>
<input type="checkbox"/> X-Rays / Imaging / Scans	\$ <input type="text"/>
<input type="checkbox"/> Orthodontic Treatment	\$ <input type="text"/>
<input checked="" type="checkbox"/> Chiropractor / Physio Treatment	\$ <input type="text"/>
<input checked="" type="checkbox"/> Optical Subsidy	\$ <input type="text"/>
<input checked="" type="checkbox"/> GP Subsidy	\$ <input type="text"/>
<input checked="" type="checkbox"/> Prescriptions	\$ <input type="text"/>
<input checked="" type="checkbox"/> Podiatry	\$ <input type="text"/>
<input checked="" type="checkbox"/> Discretionary Benefits (please specify)	\$ <input type="text"/>
<input checked="" type="checkbox"/> Other (e.g. Alternative treatments)	\$ <input type="text"/>
Sub Total	<input type="text"/>
Less amount paid from other Medical Scheme (if applicable)	<input type="text"/>
*Please refer to the back page for membership entitlements      Total	<input type="text"/>

**Documentary Evidence:**

- If you are not a member of another scheme, you must provide original accounts and receipts to support your claim.
- If you are a member of another scheme, you must provide copies of the invoices and receipts along with the original Refund Statement from your Medical Scheme Provider.

I hereby certify that the above details are correct:       Date:

## Membership Guidance

- New members may not claim within the first 90 days once membership has been accepted (this includes all treatment expenses incurred during this period).
- All claims must be lodged within 12 months of treatment.
- Benefits may apply only to the cost of medical treatment or hospitalisation incurred within New Zealand.
- Note: Per annum means the financial year from 01 April to 31 March and your benefit limits relate to this period. If you have exceeded your annual benefit limit, you may wish to hold your receipt and claim in the next financial year. However, point 2 still applies.
- If you have Koruhealth Family Membership, your natural & adopted children may receive the same benefits as you until they reach 19 years of age. After that, they may take up their own single membership. Children of partners who are not the employee's natural or adopted children can be eligible under a single membership.
- If you are not a member of a medical insurance scheme, Koruhealth may refund 2/3 against each benefit invoice (up to the maximum for each type). GP fees and prescriptions may be refundable up to 100% and up to the maximum benefit limits.
- If you are a member of a medical insurance scheme, Koruhealth may refund the remaining balance of each benefit invoice, up to a maximum of 2/3 of the total invoice cost (up to the maximum of your benefit allowance). However, the remaining balance of GP fees and prescriptions may be refunded in full as they can be covered up to 100%.

For further information regarding Koruhealth Membership please refer to our dedicated website: [Koruhealth.org.nz](http://Koruhealth.org.nz)

## Exceptions to Benefit Allowances

All costs associated with the following are NOT covered under your benefit allowance - Dentistry and most oral surgery, pregnancy expenses, fertility treatments, vaccinations, over the counter pharmacy/chemist purchases, cosmetic treatments/surgery, weight loss treatment/surgery and costs associated with Travel, i.e. vaccinations, predeparture testing, travel related medications (e.g. malaria and travel sickness tablets). Any screening and/or medical assessments for regulatory requirements, occupational requirements, travel, immigration or drivers licence medicals will not be covered.

## Benefits Allowances (effective from 1st April 2025)

Benefit Type	Cover Period	Cover	
GP Fees*	Per annum	\$600 for Single \$1000 for Married/Family	NB: Dental is not covered. *GP and prescriptions may be refundable up to 100% within annual limits. **Koruhealth may cover other benefits up to 2/3's of the invoice within annual or maximum limits – refer to guidelines. All payments are at the discretion of the Board. ***Every 5 years.
Prescriptions*	Per annum	\$400 for Single \$600 for Married/Family	
X-Rays** (Including Ultrasounds) MRI/CT**	Per annum	\$500 for Single \$750 for Married/Family \$500 per scan image	
Specialist NZ Registered**	Per visit	\$180	
Medical/Hospital**	Per illness	\$3,500 Surgery performed by NZ Registered Specialist only	
Osteopathy/Chiropractic/ Physiotherapy**	Per annum	\$300 for Single \$450 for Married/Family	
Alternative Treatments**	Per annum	\$300 for Single \$450 for Married/Family	
Podiatry**	Per annum	\$300 for Single \$450 for Married/Family	
NZ Registered Orthodontist**	Per dependant	\$800 (Total benefit limit)	
Optical (NZ Purchases Only)	For first claim Every 3 years	\$180 \$120	
Hearing Aids***	Every 5 years	\$500 per aid	
Laser Eye / Refractive Lens Treatment***	Every 5 years	\$500 per eye	
Health Services** E.G. Surgeries performed by NZ GP's Refer Policy Document	Per annum	\$300 for Single \$450 for Married/Family	
Counselling**	Per annum	\$400 for Single \$600 for Married/Family	
Psychology/Psychiatry**	Per annum	\$600 for Single \$900 for Married/Family	
Birth Benefit	Must claim within 12 months	\$50 per child	
Funeral	Per person	\$1,000 per member (Current Employee) \$400 per member (Past Employee/Retiree) \$400 per Spouse and Dependant	
Misc. Discretionary		On application to the board	

### Important Notice:

Koruhealth's activities are carried out in accordance with rules registered under the Industrial and Provident Societies Act 1908. These guidelines are intended as a quick reference for our members; they are in all cases subject to the rules.