



Instructions

Please complete this form neatly and send to:

Koruhealth, c/- Christchurch Engineering, PO Box 14005, Christchurch Airport, 85444 or Internal OCS mail, Koruhealth CHC15.

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

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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.