



## AMBULANCE TRAVEL DETAILS

Give the exact date and time of the ambulance journey         Time  :  am  pm

State in full detail exactly when and why the ambulance was required, advising the circumstances surrounding the incident.

  
  

Was the travel  by Road  by Air   
Where did the incident requiring the ambulance occur? Home  Work  Other (give details)

Address where the incident occurred?   
Suburb  State   Postcode

Did the accident occur while training or playing sport?  Yes  No If yes, name of club?

## PRIVATE HEALTH INSURANCE DETAILS

Do you have Private Health Insurance?  Yes  No If yes, name of your Health Insurer

Does your Private Health Insurer Include Ambulance Cover?  Yes  No

## AUTHORISATION OF CLAIMANT (IF YOU ARE UNDER THE AGE OF 18, A GUARDIAN IS TO SIGN AUTHORITY)

I hereby authorise any ambulance provider, employer or any other person relevant, to supply BERT with any information including all current and prior history relevant to this claim. I agree that a photocopy of this authorisation form shall be considered as effective and valid as the original. I also declare that the information provided on this form is to the best of my knowledge and believe to be true in every aspect. I understand that supplying false or misleading information will result in my right to compensation being forfeited.

Signature of Claimant  X Date

## AUTHORISATION OF MEMBER (IF YOU ARE UNDER THE AGE OF 18, A GUARDIAN IS TO SIGN AUTHORITY)

I hereby authorise my union to supply BERT with details of my union payments to assist with eligibility to claim.

Signature of Member  X Date

## PLEASE PROVIDE A COPY OF INVOICE / RECEIPT FOR AMBULANCE USAGE

The BERT Ambulance Scheme provides coverage for the cost of Ambulance for all financial members of the:

- Construction Forestry Mining & Energy Union (Queensland / Northern Territory Construction & General Division Branch)
- Plumbers Union Qld / Northern Territory

Cover ceases immediately once a member is not a financial member of the above Union(s) at the time of the Ambulance travel.

**This benefit is only available to union members as specified and working within Queensland, Northern Territory or New South Wales.**

Any claim received will only be considered for payment if the claim is submitted to BERT within six (6) months from the date of the ambulance travel.

**No claims for Ambulance usage will be accepted which are a result of (not a complete list):**

- An illegal act
- Health care card holders, where free ambulance cover is available
- An injury or sickness for which statutory insurance provides compensation
- Payments made in respect of an event occurring outside Australia or where a member does not remain within the territory of Australia
- Transport between two public hospitals
- Transport from a public hospital to an external diagnostic facility
- Transport to and from a public hospital appointment

 If you require assistance please call BERT on **1300 261 114**.

 Or email us at [enquiries@bert.com.au](mailto:enquiries@bert.com.au)

### Office use only

Entered By (Initial)  Date

Member Number



Date Effective: August 2021