CLAIM FORM

union health

- Use this form to make a claim by email or post.
- Other claiming options include online (via members.unionhealth.com.au) for most benefits over $10, or through the free Union Health mobile app (unionhealth.com.au/app).

Member name

Membership number

1. About my claim

Claims must be made within two years of the date of service.

Receipts/accounts must have the following information:

- Name and address of the person, organisation or clinic who provided the service
- Name of person who received the service
- Date of service
- Whether the account has been paid
- Item numbers or description of the product or service

☐ I would like to claim my out-of-pocket expenses through Active Health Bonus if available.
(Not available to members on Basic Extras)

2. Payment

I would like my claim payment to be paid:

☐ into the bank account already registered with Union Health

☐ into my new bank account

Account holder name/s

Account number

BSB number -

☐ Please pay all future claims into this account

3. Acknowledgement and declaration

I declare the costs involved in this claim are not recoverable as part of workers compensation, or third-party insurance or damages. Where the cost of treatment is compensated for and/or reimbursed by a third party, I agree to repay Union Health the amount paid in benefits under this claim.
I authorise Union Health to use my personal information in accordance with Union Health's Privacy Policy.

Signature

Date (dd/mm/yy)

/ /

4. Submitting your claim

Email
tuh.onlineclaimsuh@teachershealth.com.au

Post
Reply Paid 265
Fortitude Valley QLD 4006

Remember to enclose your receipts.