

New Zealand Railways Staff Welfare Trust APPLICATION FOR BENEFITS

Attach receipts and post to: PO Box 2409, Wellington 6140.

Please note you can now lodge your claims online – if you wish to do this log in to your dashboard at <u>www.nzrwelfare.co.nz</u> and submit your claim that way (no need for this form).

Claims will not be processed unless all of the following sections are completed:

Member's Full Name			Staff Number/ID or Member Number	
Claim for Family Members				
Full Name	DOB	Relationship	Contact Phone Number (Use the number applicable during business hours)	
			Contact Email Address	
			Mailing Address	
			Bank	
			Account Number	

- \circ $\;$ All supporting receipts and other documents are attached to this claim.
- I have claimed all refunds due to me from any medical insurance fund, medical care fund, Income Support and all other benefit societies. I certify that all particulars shown on this form are true and correct and are made in accordance with conditions of my membership.

Notes:

- 1) Payments of all claims will be made by 'direct credit' payment to a bank account. Please enter account details in section above.
- 2) Failure to provide all information will result in your claim being returned for completion.
- 3) Members entitlements under the Benefits Schedule and associated Trust requirements are detailed online at www.nzrwelfare.co.nz.