



New Zealand Railways Staff Welfare Trust

APPLICATION FOR BENEFITS

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

Claims will NOT be processed unless all sections are completed

Members Surname			Intitials	Staff Number or ID
Claim for Family Members			Contact Phone Number <small>(Use the number applicable during business hours)</small>	
First Name	Age DOB	Relationship		
			Contact Email Address <small>(Please note benefit applications cannot be sent to us via email)</small>	
			Mailing Address	
			Bank	
			Account Number	
			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

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.

Signature of Member Date

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 in the Information Circular.
- 4) Members wanting information regarding claims should telephone the Trust:
 Kiwirail Members 43043 or 43073
 Other Members 04-498 3043
 Free Phone 0800 806 444