

**PTEU (CEPU)**

**Plumbing Trades Employees Union (NSW)**

ABN: 85 656 451 687

Shop 1, 111 McEvoy Street

ALEXANDRIA NSW 2015

Tel: 02 9310 3411, Fax: 02 9310 1380



## **THE PAYING OF YOUR AMBULANCE BILL**

***We only cover your Ambulance bill to the following conditions.***

- You have to be a member more than one year
- You have paid all Union fees for that year (Union financial year)
- It is paid for transport only **not** Attendance of the Ambulance Officers.
- Paid for immediate family only ; i.e. **not** grandparents, in-laws or grandchildren etc.
- The member has to be financial by the rule of the Union
- We only cover up to \$350.00 of the bill/Invoice
- You will only be covered for one bill per year.

If your bill balance is over the maximum payment allowance. We will forward the cheque to you and it will be your responsibility to send the balance of payment with the cheque we send to the NSW Ambulance Services.

Please fill out and return the enclosed form to;  
CEPU Plumbing Division  
Shop 1, 111 McEvoy St  
Alexandria NSW 2015

***Note; Completion of this form does not mean your Ambulance bill will be paid***  
*Authorised by the Committee of Management*

# CEPU t/a PTEU of Australia NSW Branch

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## CLAIM FORM FOR EMERGENCY TRANSPORT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Union Membership No: \_\_\_\_\_

Name of person using transport if different to Union member: \_\_\_\_\_

Relationship to Union member: \_\_\_\_\_

Date of accident: \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

Accident or illness (Please Describe –**IN DETAIL**): \_\_\_\_\_

\_\_\_\_\_  
If illness, then when was that illness apparent to you, when was treatment first sought, last time medical treatment was sought for this illness: \_\_\_\_\_

\_\_\_\_\_  
Did a doctor authorise the use for the transport? \_\_\_\_\_

Can you claim from a Private Health Fund, a Third Party, Workers Compensation or any other Statutory Authority? \_\_\_\_\_

If yes, how much will you be reimbursed? \_\_\_\_\_

Where were you taken from and to treatment?

From : \_\_\_\_\_

To: \_\_\_\_\_

**Please attach a copy of the bill for transport and all relevant documentation.**

### **DECLARATION**

I declare that all statements made by me in relation to this claim are correct and true in every respect.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**PTEU Plumbing Authorisation Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_