



Benefit Application Form (BA1)

P O Box 30 777
Lower Hutt 5040
office@firefighters.org.nz
0800 653 473 Opt 1

Membership number

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Surname _____

First Names _____

Email Address _____

Benefit Claimed _____

Amount Claimed _____ Receipts Must accompany claim

| Claim Details |
|---------------|
| |
| |
| |

I have claimed all refunds from medical packages, Social Welfare, ACC and other benefit Societies. I am only claiming for remaining costs as per NZFFWS rule 11d

Bank Account number for reimbursement payment

| Bank | Branch | Account Number | Suffix | | | | | | | | | | | | | | | | | |
|---|--------|----------------|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
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Signature of Member _____ Date _____

Office Use Only

Joining Date (Membership not less than 12 Weeks) _____

Payment Authorised Yes/No

Authorised By _____

Payment Details

Date: _____ Amount _____