

# Fitness Centre Claim Form

Under the National Health Act 1953, Westfund cannot pay Ancillary Health Benefits in relation to goods and services which are primarily for the purposes of sport, recreation or entertainment.

<b>Member</b>	Membership Number: _____ Member's Full Name: _____ <small style="margin-left: 150px;">First / Middle / Surname</small> Member's Address: _____ P/Code: _____
---------------	---

<b>Fitness Centre</b>	Westfund Accredited Fitness Centre: _____ Address: _____ P/Code: _____
-----------------------	---

<b>Health Condition</b>	Is the membership of the fitness centre required to enable the above mentioned person to undertake a Health Management Program for the treatment of a specific Health Condition?      Yes <input type="checkbox"/> No <input type="checkbox"/> Condition Being Treated: _____ Provider Name: _____ Signature:..... Date: ____/____/____ <small style="margin-left: 150px;">Day      Month      Year</small>
-------------------------	---

### Authority for Payment

<b>EFT Transfer Details</b>	Would you like your refund deposited directly into your bank account?      Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Financial Institution: _____ Account Name: _____ BSB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Email Address: _____
-----------------------------	--

<b>Agent Details</b>	* Only complete this section if authorising another person to collect cash on your behalf. Your agent will be asked to provide satisfactory personal identification. Agent's Name: _____ Agent's Address: _____ P/Code: _____ Agent's Signature: _____ Date: ____/____/____ <small style="margin-left: 150px;">Day      Month      Year</small> Member's Signature:..... Date: ____/____/____ <small style="margin-left: 150px;">Day      Month      Year</small>
----------------------	---

### Declaration

<b>INFORMATION AUTHORITY AND WARRANTY</b>	I, hereby authorise any hospital, medical practitioner or any other person who has attended me (or my dependant), including any employer or accountant, to furnish to Westfund Ltd, or it's representatives within: (i) All copies of hospital and medical reports/notes pertaining to this claim, (ii) All copies of my employment records pertaining to this claim and (iii) All information pertaining to my medical history, including any sickness, disease or injury, consultation, prescription or treatment, pertaining to this claim. I understand and agree that a photocopy of this authorisation shall be considered effective and valid as the original and I specifically authorise it's use as such. I declare that the particulars outlined by me (or dependant) in this claim are true and correct in every detail and I acknowledge that Westfund Ltd relies upon the truthfulness of the particulars supplied by me in respect of this claim. a) Is this claim the result of an accident?      Yes <input type="checkbox"/> No <input type="checkbox"/> b) Are you eligible to recover any costs/damages from any other source? eg. Third Party, Workers Comp, etc.      Yes <input type="checkbox"/> No <input type="checkbox"/> Signature of Member:..... Date: ____/____/____ <small style="margin-left: 150px;">Day      Month      Year</small>
---	---

<b>OFFICE USE ONLY</b>	Is a copy of Receipt or Membership attached?      Yes <input type="checkbox"/> No <input type="checkbox"/> Verified by: _____ Date: ____/____/____ <small style="margin-left: 150px;">Day      Month      Year</small> Benefit Paid: _____ Payee: _____ Claim Number: _____ Cheque Number: _____
------------------------	---



**WESTFUND HOME OFFICE**  
 5 Railway Parade, Lithgow NSW 2790  
**Phone: 1300 552 132 Fax: (02) 6352 3080 Email: enquiries@westfund.com.au**

Westfund Ltd (ABN 55 002 080 864) is a not for profit registered health benefits organisation trading as Westfund.  
 Westfund Holdings Pty Ltd (ACN 099 738 600) as trustee for Westfund Unit Trust (ABN 43 653 200 942) trading as Classic Eyewear, not a registered health benefits organisation.