



PLUMBING AND PIPE TRADES EMPLOYEES UNION
Communications, Electrical and Plumbing Union

Shop 1, 111 McEvoy Street, Alexandria NSW 2015
Ph: 02 9310 3411
officeadmin@nswplumbersunion.com.au
www.nswplumbersunion.com.au

NSW BRANCH
ABN 85 656 451 687

THEO SAMARTZOPOULOS
State Secretary

CHRIS SEET
Assistant Secretary

REIMBURSEMENT OF YOUR EMERGENCY AMBULANCE INVOICE

PLEASE NOTE: ON RECEIPT OF A CLAIM FORM, YOUR ELIGABILITY WILL BE ASSESSED PRIOR TO ANY REIMBURSEMENT BEING PAID.

REIMBURSEMENT OF YOUR EMERGENCY AMBULANCE TRANSPORT INVOICE WILL ONLY BE PROVIDED ACCORDING TO THE FOLLOWING CONDITIONS: -

- You have been a financial member of the PPEU for 12 consecutive months.
- The invoice submitted is for emergency ambulance transport only (attendance of ambulance officers is **NOT** covered).
- Reimbursement will be provided as follows, **(reimbursement of one invoice only per year)**
 - I. Full Rates Members - \$350.00
 - II. 1st Year Apprentices - \$57.00
 - III. 2nd Year Apprentices - \$83.00
 - IV. 3rd Year Apprentices - \$112.00
 - V. 4th Year Apprentices - \$140.00

If the Ambulance invoice amount is over the maximum payment allowance as above, we will forward the reimbursement via Bank Transfer directly to the member. It is the member's responsibility to send the total invoice amount owing to the NSW Ambulance Service.

- The Ambulance service was provided for a PPEU member or immediate relative of that member, who reside at the member's address. Immediate family includes: -
 - I. PPEU member
 - II. Partner of the PPEU member
 - III. Member's children under the age of 18

Reimbursement is NOT provided for members' Parents, Grandparents, Grandchildren, or In-laws

Please fill out and return the enclosed Claim Form, together with your Ambulance Service invoice to the NSW Plumbers Union via mail or email, as above. Don't forget to provide your BSB and Account details for reimbursement.

Please note the above criteria must be met in order for a reimbursement to be processed





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CLAIM FORM FOR EMERGENCY AMBULANCE TRANSPORT

Name: _____

Address: _____ Postcode: _____

Union Membership No: _____

Name of person using transport (if not the Union member): _____

Relationship to Union member: _____

Date of incident: _____

Where did the incident occur? _____

Incident or illness (Please describe **IN DETAIL**): _____

In case of illness;

- When did that illness become apparent? _____
- When was treatment first sought? _____
- What date was medical treatment last sought for this illness? _____
- Was this transport Authorised by a Doctor? _____

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 delivered to for treatment?

From: _____

To: _____





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CLAIM FORM FOR EMERGENCY AMBULANCE TRANSPORT

Please provide the following bank account details for reimbursement.

BSB _ _ _ / _ _ _

ACCOUNT NUMBER _____

NAME OF ACCOUNT HOLDER _____

Please attach a copy of the Ambulance Invoice and any other relevant documents.

MEMBER'S DECLARATION

I declare that all information provided by me in relation to this claim is correct and true in every respect.

Signed: _____ Dated: _____

Office Only;

PTEU Plumbing Authorisation Name: _____

Signature: Date: _____

