

Rio Tinto Medical Plus claim form

Hospital gaps, private accident and emergency department fees

Employee name

First name:	Family name:
Rio Tinto Business Unit:	
Phone number:	Employee number:
Email:	
Address:	

Claimant's name (if different from employee name)

First name:
Family name:
Relationship to employee:

Type of claim

Hospital gap:	<input type="checkbox"/>	Private accident and emergency department fees:	<input type="checkbox"/>
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Private accident and emergency department fees

Date of service:	(Please attach itemised account and receipt)
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Hospital gaps - documentation required

Health Insurance Fund:
Name of cover:
Date of service:
Please attach: A) Statement of benefits from health fund B) Receipts

Declaration

I hereby declare that:

All documents supporting this claim are in respect of admissible expenses for myself, my partner, my dependant children, and dependant parents and parents-in-law

I declare that I have incurred the expenses in this claim and to the best of my knowledge the information is true and correct. I acknowledge that Rio Tinto has appointed Medibank Private to administer claims under the scheme. I consent to disclosure of this claim and supporting documents to the claims administrator.

Signed

Date ___ / ___ / ___

Please mail all documents to:

Rio Tinto Medical Plus
GPO Box 9999
Docklands 3008

Rio Tinto Medical Plus claim form Travel and accommodation

Employee name

First name:	Family name:
Rio Tinto Business Unit:	
Phone number:	Employee number:
Email:	
Address:	
Claimant's name if family member:	
Relationship to employee:	

Travel

Reason for travel: <input type="checkbox"/> Funeral <input type="checkbox"/> Medical specialist visit <input type="checkbox"/>	Name of specialist:
Is air travel necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide relevant documentation to support)	
Destination:	Dates of travel:
To:	Total travel assistance: \$
From:	

Accommodation

Reason for accommodation:	Number of nights:
Accommodation assistance: _____ nights at \$200 per (receipts must be provided)	Total accommodation assistance: \$

Approval

Employee signature:	Immediate Manager signature*:	MRU Manager signature:
Employee number:	Employee number:	Employee number:
Print name:	Print name:	Print name:

*(Manager to ensure Dr/Dentist referral sighted)

Declaration

I hereby declare that:

All documents supporting this claim are in respect of admissible expenses for myself, my partner, my dependant children, and dependant parents and parents-in-law

I declare that I have incurred the expenses in this claim and to the best of my knowledge the information is true and correct. I acknowledge that Rio Tinto has appointed Medibank Private to administer claims under the scheme. I consent to disclosure of this claim and supporting documents to the claims administrator.

Signed

Date ___ / ___ / ___

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Docklands 3008

Rio Tinto Medical Plus claim form Funeral expenses

Employee name

First name:	Family name:
Rio Tinto Business Unit:	
Phone number:	Employee number:
Email:	
Address:	
Relationship of the deceased to employee:	
Date of funeral service:	Receipts (please attach copy)

Declaration

I hereby declare that:

All documents supporting this claim are in respect of admissible expenses for myself, my partner, my dependant children, and dependant parents and parents-in-law

I declare that I have incurred the expenses in this claim and to the best of my knowledge the information is true and correct. I acknowledge that Rio Tinto has appointed Medibank Private to administer claims under the scheme. I consent to disclosure of this claim and supporting documents to the claims administrator.

Signed

Date ___ / ___ / ___

Please mail all documents to: Rio Tinto Medical Plus
GPO Box 9999
Docklands 3008