

MOE Employee Number (if applicable)

UniMed Ref : (For office use only)

Please complete all the details of the mandatory sections relevant to you

- I am a current Member  I am a new Member  
 I am a Family/Whanau non union Member

Union: \_\_\_\_\_

Linked through (name): \_\_\_\_\_ at non union rate. His/Her UniMed Ref: \_\_\_\_\_

**HealthCarePlus POLICY REQUIRED:** (tick as appropriate)

- Member  Member & Partner  Member & Children  Member, Partner & Children

**Plus 'Hospital Cover' – There are separate forms required for Hospital Cover. Please ask your HealthCarePlus Representative.**

Hospital Cover Provider: \_\_\_\_\_ Specialist & Tests Y / N

Policy Name: \_\_\_\_\_ HealthCarePlus Representative (if known): \_\_\_\_\_

**MEMBER & FAMILY MEMBER DETAILS (children must be under 21 years)**

	Title	Surname	Given Names	Sex	DOB	Plan Type HCP / Hos
<b>Member</b>					/ /	✓
<b>Partner</b>					/ /	
<b>Child 1</b>					/ /	
<b>Child 2</b>					/ /	
<b>Child 3</b>					/ /	
<b>Child 4</b>					/ /	

**MEMBER: ADDITIONAL DETAILS**

Postal Address: \_\_\_\_\_

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

Home Phone: (0 ) \_\_\_\_\_ Work Phone: (0 ) \_\_\_\_\_ Mobile: (0 ) \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Alternative Email: \_\_\_\_\_

Place of Work: \_\_\_\_\_

**DECLARATION & COMMENCEMENT OF COVER** (tick as appropriate)

- The rate/new rate will be \$\_\_\_\_\_ which I understand is subject to review in accordance with the #care4U Policy wording.
- I understand my/our **HealthCarePlus #care4U** cover will commence from the date of my first fortnightly salary deduction of premium. (n/a PSA members or a non Novopay payroll)
- I understand my/our **HealthCarePlus #care4U** cover will commence from the date of the first direct debit of premium from my bank.
- I have attached my completed direct debit form.  
**(Direct debit forms can be downloaded at [www.healthcareplus.org.nz](http://www.healthcareplus.org.nz) or Freephone 0800 600 666.)**
- I declare that I am a full financial member of the above named union.
- I declare that I am linked as Family/Whanau/non union.
- I confirm that I am authorised by each person named in this application form to complete and sign on their behalf.
- I consent to receiving all documentation in electronic form and I consent to receiving communications to me via the preferred email address specified in this application form.
- In completing and submitting this form I consent to the collection, disclosure and use of my/our information in accordance with the Privacy Act 2020, the Health Information Privacy Code and the Privacy Statement contained in the UniMed/HealthCarePlus Conditions of Membership. I also consent to the collection, disclosure and use of my/our information for the purposes of the Integrity Register.
- I declare that the information provided in this form is true and correct. This application is for cover under the #care4U Policy in accordance with the relevant policy wording and the declarations and commencement of cover set out above.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Authority to make HealthCarePlus deductions from salary (n/a PSA members or a non Novopay payroll)**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Worksite: \_\_\_\_\_  This is a new authority  This replaces an existing authority

I authorise you to deduct \$ \_\_\_\_\_ (or such other amount from time to time determined by UniMed) from my salary

**Financial Strength Rating:** Union Medical Benefits Society Limited (UniMed) has been given an A (Excellent) Financial Strength Rating by AM Best. AM Best's ratings are as follows:  
 Secure: A++, A+ (Superior); A, A- (Excellent); B++, B+ (Good)  
 Vulnerable: B, B- (Fair); C++, C+ (Marginal); C, C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Suspended)



**#care4U Benefits:** #care4U offers reimbursements towards day-to-day health care costs. The following is a brief outline of the benefits #care4U has to offer. Please refer to our online Policy Document for full terms and conditions applicable to each benefit at [www.healthcareplus.org.nz](http://www.healthcareplus.org.nz)

**Dental:** 50% of the net cost of dental consultations and minor treatment to a maximum of \$250 a year each for Member, partner and children (maximum total \$750).

**Optical:** 50% of the net cost of an eye examination, glasses/lenses due to a change in vision, to a maximum of \$250 a year each for Member, partner and children (maximum total \$750) - providing subscriptions have been paid for six months prior to the date of the optical examination.

Please Note - The effective date for the optical benefit is the date of the eye examination, NOT the date the lenses/glasses are purchased or supplied.

**Medical Treatment:** 50% of the net cost of doctors' fees and prescription charges (\$10 per item limit applies) to a maximum of \$250 a year each for Member, partner and children (maximum total \$750).

**Complementary Medical:** (e.g., homeopathic, fertility treatment) 50% of the net cost of specified expenses to a maximum of \$250 a year each for Member, partner and children (maximum total \$750).

\*HealthCarePlus #care4U rates are based on the age of the Member. **Please note that rates may change from time to time.** Hospital Cover rates are additional to the #care4U rates and are available on request, please call 0800 268 3763.

**#care4U rates – effective 1 April 2022**

Age	Single			Couple			One Parent Family			Two Parent Family		
	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual
00-45	7.91	17.14	205.69	17.11	37.08	444.95	16.54	35.84	430.05	23.97	51.94	623.25
46-60	8.71	18.86	226.36	19.78	42.85	514.19	17.55	38.02	456.25	27.29	59.12	709.45
61-65	10.06	21.79	261.51	22.60	48.97	587.66	17.74	38.43	461.14	28.44	61.61	739.36
66-99	11.44	24.79	297.43	25.14	54.47	653.59	18.87	40.89	490.71	30.82	66.78	801.36

**#care4U non union rates (conditions apply) – effective 1 April 2022**

Age	Single			Couple			One Parent Family			Two Parent Family		
	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual
00-45	8.63	18.71	224.51	18.73	40.58	487.02	18.08	39.18	470.16	26.17	56.71	680.51
46-60	9.53	20.66	247.90	21.75	47.12	565.41	19.22	41.65	499.79	29.93	64.84	778.10
61-65	11.07	23.97	287.70	25.04	54.26	651.12	19.44	42.11	505.35	31.23	67.66	811.96
66-99	12.63	27.36	328.37	27.82	60.27	723.20	20.72	44.90	538.84	33.93	73.51	882.16