

## It's good to belong

I authorise you to deduct \$\_

Please compl	lete all	the details of the mandato	ory sections relevant to you						
☐ I am a curre ☐ I am a Fam		ber nau non union Member	□ I am a new Me	UniMed Ref : (For office use only)					
Union:			-						
☐ Linked throu	ugh (nar	ne):	at non u	nion rate.	His/Her	UniMed R	ef:		
UniMed POLI	CY REC	QUIRED: (tick as appropriat	e)						
☐ Member		Member & Partner	☐ Member & Children	☐ Member, Partn	er & Child	dren			
-		-	ms required for Hospital Co	_				Advisor.	
Policy Name:_			_Monument Financial Advisor	(if known):					
MEMBER & F	AMILY Title	MEMBER DETAILS (child Surname	ren must be under 21 years) Given Nam		Sex	DOB	<b>.</b>	Plan T HCP	ype / Hos
Member						/	/	<b> </b>	
Partner						/	/		
Child 1						/	1		
Child 2							/		
Child 3							1		
Child 4							/		
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			++++++++++++++++++++++++++++++++++++++				+++++	++++++	-+++
			Given Names:						

\_\_\_\_(or such other amount from time to time determined by UniMed) from my salary

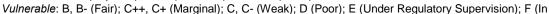
#care4U Application

MOE Employee Number (if applicable)



Financial Strength Rating by AM Best. AM Best's ratings are as follows:

Secure: A++, A+ (Superior); A, A- (Excellent); B++, B+ (Good)



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

**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).

\*UniMed #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 2024

	Single				Couple			One Parent Family			Two Parent Family		
Age	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual	
00-45	\$8.84	\$19.16	\$229.87	\$19.13	\$41.44	\$497.26	\$18.48	\$40.05	\$480.60	\$26.79	\$58.04	\$696.52	
46-60	\$9.73	\$21.08	\$252.97	\$22.10	\$47.89	\$574.64	\$19.61	\$42.49	\$509.88	\$30.49	\$66.07	\$792.84	
61-65	\$11.24	\$24.35	\$292.26	\$25.26	\$54.73	\$656.74	\$19.82	\$42.94	\$515.34	\$31.78	\$68.86	\$826.27	
66-99	\$12.78	\$27.70	\$332.39	\$28.09	\$60.87	\$730.42	\$21.09	\$45.70	\$548.39	\$34.44	\$74.63	\$895.56	

## #care4U non union rates (conditions apply) - effective 1 April 2024

			Couple			One Parent Family			Two Parent Family			
Age	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual
00-45	\$9.73	\$21.07	\$252.86	\$21.04	\$45.58	\$546.99	\$20.33	\$44.05	\$528.66	\$29.47	\$63.85	\$766.17
46-60	\$10.70	\$23.19	\$278.27	\$24.31	\$52.67	\$632.10	\$21.57	\$46.74	\$560.87	\$33.54	\$72.68	\$872.12
61-65	\$12.36	\$26.79	\$321.49	\$27.78	\$60.20	\$722.41	\$21.80	\$47.24	\$566.87	\$34.96	\$75.74	\$908.90
66-99	\$14.06	\$30.47	\$365.63	\$30.90	\$66.95	\$803.46	\$23.20	\$50.27	\$603.23	\$37.89	\$82.09	\$985.12

#Care4U is administered and underwritten by Union Medical Benefits Society Ltd (UniMed). Any cover issued in response to this application is subject to the terms and conditions contained in the relevant policy documentation and UniMed/HealthCarePlus Conditions of Membership. UniMed, PO Box 1721, Christchurch 8140. Level 3, 165 Gloucester Street, Christchurch 8011.