

2.1 General Health

2.2 Dental Health

This program provides up to \$10,000 per member per year (cap included dependent children) for medical or dental expenses prescribed by a doctor or dentist.

Please tick the box that describes the assistance you are requesting:

General Health

Dental Health (includes travel)

Need help with this form? Freecall 1800 014 401

Returning this form

Email: applications@ibngroup.com.au

Post: PO Box 2390, South Hedland, WA, 6722

Fax: (08) 9140 0998

In person: 3 Brand Street, South Hedland

973 Central Road, Tom Price

Unit 3, 4 Welcome Road Karratha

Benefits, exclusions and conditions

Refer to the Community Programs Handbook or visit ibngroup.com.au

Required documentation

See 'Required Documentation' check box. Applications cannot be processed until all required documentation is provided.

Processing time

Up to 7 working days once all documentation is received.

IBN Community Member applying for assistance

1 First given name

Second given name

Last name

2 Have you been known by any other name?

No

Yes ▶ Provide name

3 Your date of birth

4 Your gender

Male

Female

Other

5 Language group

Yinhawangka

Banyjima

Nyiyaparli

6 Mobile phone number

(to be used to advise you of the progress of your application)

This is my current number, please update my record

This is a temporary number, please do not update my record

7 Email address

8 Current home address

Postcode

9 Is your current address the same address you registered with IBN?

No ▶ You will need to complete an 'Update personal details form' and attach it to this application.

Yes

10 Do you have Private Health insurance?

No

Yes ▶ Name of health fund

Who are you seeking assistance for?

11 Are you applying for assistance for yourself?

No ▶ Go to question 12

Yes ▶ Go to question 13

12 You **must** be a legally responsible parent, or approved legal guardian of the dependent child/children you are seeking assistance for.

Are you applying for assistance for a dependent child/children legally in your care?

No ▶ You cannot apply for assistance for a child/children not legally in your care.

Yes ▶ Name of child/children

Office use only

Date received CP#


Received by

IBN Corporation Pty Ltd | ACN 093 140 240

Assistance requested

13	Expense 1	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 2	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 3	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 4	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 5	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>

Required Documentation

14  To enable IBN to assess your application quickly and accurately you must provide the following documents when submitting your application.

Doctors certificate, prescription or referral from a medical doctor as appropriate.

Evidence other relevant assistance has been sought and the amount approved

Copy of private health and/or travel insurance cover

Supplier quotes/invoices including supplier payment details must be sent directly by the supplier to IBN.

Dental treatment plan and itemised quote provided by a qualified dentist to certify the treatment / travel is necessary. (Dental applications only)

Dependent child/children

Evidence that the IBN Member/applicant is the responsible parent or approved legal carer (Complete the 'Dependent Child Advice' form, if this child is not currently registered with IBN, or guardianship arrangements have changed).

Declaration

15 I declare that:

- the information I have provided in this form is true and correct.
- the assistance requested is for my own use or for the use of a dependent child/children legally in my care.

I agree to:

- my information being shared with or checked by other organisations for application assessment purposes.

Signature

Date