

Police Welfare Fund Benefit Application



This form collects personal information in order to process your application for a Welfare Fund Benefit. The information will be held by the Police Welfare Fund Ltd, PO Box 12 344, Wellington 6144. You may access and seek correction of this information as provided for by the Privacy Act 1993.

Member number:

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First names:

Last name:

Address:

Contact number:

Please indicate the Welfare Benefit you are applying for and provide supporting documentation:

- BIRTH** - \$50 for individual child or \$200 for multiple births
(Photocopy of birth certificate or newspaper notice required)
- ADOPTION** - \$300 maximum towards legal costs
(Receipts required)
- PUBLIC HOSPITAL TV HIRE**
(Receipts required)
- RELATIONSHIP COUNSELLING** - \$150 annually
(Receipts required)

Conditions

All benefits must be claimed within 12 months of the event.

Payment

Please select how you would like to receive payment:

- Credit Union account
- External Bank account:

Account Name

Account Number

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Signature:

Date:

If completing electronically, put an 'X' in this box.

Please complete and return to New Zealand Police Association:

PO Box 12344, Wellington 6144 enquiries@policeassn.org.nz 0800 500 122 (04) 496 6819