



FIJI PUBLIC SERVICE ASSOCIATION
Overseas Medical Claim Form

- A.**
1. Name of Member:
 2. EDP/EMP No: 3. Post Held.....
 4. Ministry/Depart. 5. Station.....
 6. Date of Birth 7. Male/Female.....
 8. Postal Address (b). Residential Address.....
 9. Telephone: Office Residence
 10. Date Joined ServiceDate Joined Union
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- B.**
1. Claim made in respect of (Name)
 2. Relation to member.....
 3. Place of treatment (i) Hospital (ii) Country.....
 4. Date of appointment 5. Cost of treatment
 6. Has assistance been sought from other sources? Yes/No.....
 7. If yes, where and how much?
 8. How will you meet the difference?
 9. Does patient have air ticket?
 10. Does patient have visa to enter the country in which treatment is sought? Yes/No
 11. **Bank Details** (a) Bank Name..... (b) Bank Acct No.....
(c) Bank Acct Name.....

I declare that I have maintained continuous membership of the FPSA over the past three (3) years and the information given is true and complete.

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(Date)

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(Signature)

Documents Required

- Note:**
1. *Marriage certificate required if the claim is in respect of spouse.*
 2. *Birth Certificate required if the claim is in respect of children*
 3. *Documentary evidence required in respect of (B) Nos. 3-8 and 10 & 11.*
 4. *Consultants report certifying that treatment is not available locally.*
 5. *Funds will be released only if all the information has been provided and we are satisfied that the patient can afford the costs and will undertake the treatment overseas on due date.*