

Annex 4.8.A: High Readiness Reserve health support allowance claim form

Service	Employee ID	Service number	
Rank	Family name	Initials	Unit and/or section
Postal address			
Date transferred to the High Readiness Active Reserve or to the High Readiness Specialist Reserve			Date

Member's statement

I verify that I have a current health insurance policy that meets the requirements of PACMAN Chapter 4 Part 8 <u>Division 7</u> and have attached a copy of my current health insurance policy documentation showing the following:			
			Tick box
I am named as being covered by the policy			
The policy cover includes:		top hospital cover	<input type="checkbox"/>
		dental cover	<input type="checkbox"/>
		optical cover	<input type="checkbox"/>
Signature	Printed name	Date	

Cleared for payment

(Member's administrative unit to complete)

The requirements of PACMAN Chapter 4 Part 8 <u>Division 7</u> have been met by the member and they may be paid the High Readiness Reserve Health Support Allowance at the amount of \$2500.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	➔	Please give the reason for not clearing the payment
Signature		Printed name	
Rank	Appointment	Date	

