

IMPORTANT – ENROLMENT FORM CHECKLIST

A **correctly** completed enrolment form entitles you to the Ministry of Health subsidy for aspects of your medical care ie. reduced fees when you see your GP.

We are unable to update your enrolment without all of the details listed below.

So, before you return this to us, please **CHECK** you have completed the following

- ☐ Family Name
- ☐ First Name
- ☐ Date of Birth
- ☐ Gender
- ☐ Account holder
- ☐ Physical Address (*if your address is a PO Box or Private Bag please give both physical and postal separately.*)
- ☐ Ethnicity
- ☐ Country of Birth
- ☐ Next of Kin with phone number
- ☐ Community Services / High User card details if applicable
- ☐ Employer
- ☐ Smoking Status *for those 15 years and over*
- ☐ NZ Citizen or other option (1 only)
- ☐ Signature & Date OR
- ☐ Signed by Authority if child under 16 (*complete all boxes under Authority*)

Proof of Eligibility

- ☐ NZ Birth Certificate or NZ Passport (if Born in NZ)
- ☐ Passport with Visa or Citizenship Certificate (if born overseas)