

Rio Tinto Medical Plus claim form

Hospital gaps, private accident and emergency department fees

Employee name

First name:	Family name:
Rio Tinto Business Unit:	Site location:
Phone number:	Employee number:
Email:	
Residential Address:	
Postal address (if different from above):	

Claimant's name (If not employee or different from employee name)

First name:
Family name:
Relationship to employee:

Type of claim

Hospital gap: <input type="checkbox"/>	Private accident and emergency department fees: <input type="checkbox"/>
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Private accident and emergency department fees

Date of service:	(Please attach itemised account and receipt)
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Hospital gaps - documentation required

Health Insurance Fund:	
Name of cover:	
Date joined current level of cover	Date of service:
Reason for hospitalisation:	
Please attach: A) Itemised statement of benefits from health fund B) Itemised Medicare benefit history C) Itemised Doctors invoices	

Declaration

I hereby declare that:

All documents supporting this claim are in respect of admissible expenses for myself, my partner and my dependant children.

I declare that I have incurred the expenses in this claim and I have been unable to recoup the out-of-pocket expenses from any other source and to the best of my knowledge the information is true and correct. I acknowledge that Rio Tinto has appointed Medibank Private to administer claims under the scheme. I consent to disclosure of this claim and supporting documents to the claims administrator.

Name (Print clearly)

Signed

Date ___ / ___ / ___

Please e-mail all scanned documents including receipts to:
Medical.Plus@medibank.com.au
 Or
 Post to:
 Rio Tinto Medical Plus Claims
 GPO Box 9999
 Docklands Vic 3008

Hospital gaps, private accident and emergency department fees

Terms and Conditions

Private Hospital accident emergency department fees reimbursement will be provided for an employee and their dependents (subject to limits) for administration fees charged by private hospital emergency departments which are not reimbursed by Medicare and/or not claimable through private health insurance. Dependents include only the employee's spouse, de facto partner or child. Child includes offspring, adopted or ward of state child of an employee, the employee's spouse, or the employee's de facto partner. A de facto partner is a person living with the employee as a couple on a genuine domestic basis but who are not married to each other or related by family.

The balance of the cost of private emergency fees for the employee or immediate family member will be a maximum of \$300 per eligible family member, per calendar year.

Hospital Gap reimbursement will be provided for eligible hospital and in-hospital medical out-of-pockets associated with a same day or overnight hospital admission, where such costs are above the designated maximum employee out-of-pocket limit of \$1,000 per calendar year. All eligible out-of-pocket expenses incurred by the employee and their immediate family (definition as per above) count towards the maximum employee out-of-pocket limit.

To access hospital gaps, an employee needs to have coverage through their private health insurer for the services for which they are in hospital for.

Items which are included under this provision:

- Hospital excess,
- Hospital and in-hospital medical gaps that apply after benefits have been paid by Medicare and the individual's private health insurer (subject to their being no restrictions for the service provided),
- High cost non-PBS pharmaceuticals prescribed as part of the hospital admission (where approved based on defined assessment criteria e.g. TGA listed, clinical evidence supporting use for prescribed purpose).

Items which are excluded under this provision:

- Booking fees charged by specialists,
- Benefits for services not fully covered by the employee's hospital insurance product,
- Benefits for services carried out while an employee is serving a waiting period,
- Services not listed on the MBS,
- Cosmetic plastic and reconstructive surgery.
- Out-patient services
- Expenses which can be claimed from an additional source such as travel insurance.

Who is a dependant?

A dependant can be:

- Your spouse or de facto
- A child who is under 21 years old
- A student under 25 years old who is studying full time at school, college or university and/or covered under private health insurance
- An invalid child who:
 - Receives a disability support pension or a special needs disability support pension under the Social Security Act 1991, or
 - Has a certificate from a Commonwealth-approved doctor certifying a continuing inability to work.
 - Is paid a disability support pension or a special needs disability support, or
 - Has been certified as having a continuing inability to work by a medical officer of the Health Department or by a medical practitioner appointed to examine claimants for disability support pensions.

What supporting evidence is required?

- Tax invoice from Private Hospital including receipt of payment
- Receipt of rebate from any other source, i.e. Private Health insurance claim
- Proof that the person receiving emergency treatment, hospital gap reimbursement, is a dependant can be done by providing a copy of;
 - A copy of the Private Health Insurance membership card/statement showing who is covered; or
 - Birth certificate; or
 - Adoption certificate; or
 - Marriage certificate; or
 - Statutory declaration stating the relationship

Disclaimer

Rio Tinto at its sole discretion has the right to decline any claim that does not meet the Rio Tinto Better Health Cover policy whether written or implied. Following General Manager approval, final approval will be made by Total Rewards (POS) Australia.

Rio Tinto Medical Plus claim form Travel and accommodation

Employee name

First name:	Family name:
Rio Tinto Business Unit:	
Phone number:	Employee number:
Email:	
Residential address:	
Postal address (if different from above):	
Claimant's name if family member:	
Relationship to employee:	

Travel

Reason for travel: (please circle) Funeral Medical specialist visit	Name of specialist:
Is air travel necessary? (please circle) Yes No (Your General Manager must approve air travel)	
Destination: From:	To:
Dates of travel: From: ____ / ____ / ____ To: ____ / ____ / ____	
Type of Travel: Private Vehicle <input type="checkbox"/> Air Travel <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/>	
Total kms: (if travel by private vehicle) ____ kms	At \$0.15 per kilometre ____ Total travel assistance: \$

Accommodation

Reason for accommodation:	Number of nights:
Accommodation assistance: <input type="checkbox"/>	Total accommodation assistance:
<input type="checkbox"/> night/s at \$200 per night (receipts must be provided)	\$
Approved PATS/PTSS Assistance: ____ nights at \$ ____ per night (PATS/PTSS statement/letter is compulsory for remote areas)	

Approval

Employee signature:	Immediate Manager signature*:	MRU Manager signature:	General Manager signature: (Only for air travel)
Employee number:	Employee number:	Employee number:	Employee number:
Print name:	Print name:	Print name:	Print name:

*(Manager to ensure Dr/Dentist referral, accommodation receipts and PATS/PTSS statement/letter is sighted – ensure all documentation has been provided and checklist below completed).

Declaration

I hereby declare that:
All documents supporting this claim are in respect of admissible expenses for myself, my partner and my dependant children.
I declare that I have incurred the expenses in this claim and to the best of my knowledge the information is true and correct. I acknowledge that Rio Tinto has appointed Medibank Private to administer claims under the scheme. I consent to disclosure of this claim and supporting documents to the claims administrator.

Name (Print clearly)	Signed	Please e-mail all scanned documents including receipts to: Medical.Plus@medibank.com.au Or post to: Rio Tinto Medical Plus Claims GPO Box 9999 Docklands Vic 3008
_____	_____	
Date ____ / ____ / ____		

Checklist (please tick)

All fields completed and form signed:	<input type="checkbox"/>	Accommodation receipts attached: (where applicable)	<input type="checkbox"/>
Dr / Specialist referral attached: (where applicable)	<input type="checkbox"/>	PATS/PTSS Statement letter:	<input type="checkbox"/>
Travel receipts attached: (where applicable)	<input type="checkbox"/>	Proof of dependent relationship (if applicable):	<input type="checkbox"/>

Travel and accommodation

Terms & Conditions

Eligibility

Reimbursement of travel and accommodation expenses for specialist services not available locally and funeral related travel.

Travel and accommodation expenses are claimable under RT Medical Plus, subject to manager, MRU Manager or General Manager (in the case of air travel) approval and the following conditions being met:

- An employee or eligible family member has been referred by a medical practitioner for treatment or access to specialist medical services that are not available locally (i.e. within 100Km of their residential location)
- In the case of accommodation expenses, an overnight stay is deemed necessary because additional or follow-up appointments are required the following day or the forward and returning journeys cannot reasonably be completed in one day.
- In the case of air travel, the employee's General Manager must approve this mode of transport as the most efficient, having regard for cost and journey time. As a general guide, anything over a 10 hour return road trip may warrant the use of air travel as an alternative.
- Travel and accommodation expenses from the relevant state-based patient travel assistance scheme (PATS/PTSS) must be claimed first. The reimbursement amount will be less any expense reimbursement claimed through the patient travel assistance scheme.
- Bereavement travel includes a return economy return airfare within Australia, for remote employees and their spouse (or one other dependent) to attend the funeral of an immediate family member. An immediate family member includes the employee's spouse, de-facto partner or child. Child includes offspring, adopted or ward child of an employee, the employee's spouse, or the employee's de facto partner. A defacto partner is a person who is living with the employee as a couple on a genuine domestic basis who are not married to each other or related by family.

At the discretion of the General Manager bereavement travel can also be approved for return airfare to attend the funeral of a parent, parent-in-law, sibling or grandparent of the employee, or their spouse.

Where international travel is required, reimbursement will be up to the equivalent of a full economy airfare to the nearest Australian capital city.

Bereavement travel does not include reimbursement for accommodation.

Definition

Surface Travel	<ul style="list-style-type: none"> • 15c per kilometre using private vehicle • Full cost of rail or coach travel at the lowest economy fare
Air Travel	Air Travel The costs of the lowest available economy airfare on a direct route to the nearest Capital City
Accommodation	<ul style="list-style-type: none"> • Up to \$200 per night (room only) • \$50 if staying with family/friends

For full terms and conditions refer to the Rio Tinto Better Health Cover (RTBHC) policy, this can be obtained by contacting one of your local Rio Tinto Total Rewards Specialist via email TRBenefits@riotinto.com.

Your Total Rewards Specialist will be able to assist you with your claim or you could choose to talk to your Human Resources Department.

Disclaimer

Rio Tinto at its sole discretion has the right to decline any claim that does not meet the Rio Tinto Better Health Cover policy whether written or implied. Following General Manager approval, final approval will be made by Total Rewards (POS) Australia.

Rio Tinto Medical Plus claim form Funeral expenses

Employee name

First name:	Family name:
Rio Tinto Business Unit:	Site location:
Phone number:	Employee number:
Email:	
Residential Address:	
Postal address (if different from above):	
Relationship of the deceased to employee:	Funeral home:
Date of funeral service:	Amount claimed: Receipts (please attach copy)

See reverse side of form for Terms and Conditions and supporting evidence requirements.

Declaration

I hereby declare that:

All documents supporting this claim are in respect to an admissible expense for my partner or my dependant children.

I declare that I have incurred the expenses and that I have been unable to recoup the out-of-pocket expenses from any other source and to the best of my knowledge the information is true and correct. I acknowledge that Rio Tinto has appointed Medibank Private to administer claims under the scheme. I consent to disclosure of this claim and supporting documents to the claims administrator.

Name (Print clearly)

Signed

_____ Date ___ / ___ / ___

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Or Post to:
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Docklands Vic 3008

Checklist (please tick)

All fields completed and form signed	<input type="checkbox"/>
Funeral service tax invoice and receipt attached	<input type="checkbox"/>
Proof of dependency	<input type="checkbox"/>

Funeral expenses

Definition

Reimbursement will be provided (subject to limits) toward the costs associated with a funeral for an employee or their dependant immediate family which includes only the employee's spouse, de facto partner or child. Child includes offspring, adopted or ward of the state child of an employee, the employee's spouse, or the employee's de facto partner. A de facto partner is a person living with the employee as a couple on a genuine domestic basis but who are not married to each other or related by family.

The balance of the cost of funeral expenses for the employee or immediate family member will be a maximum of \$6,000 after rebates from insurance and any other source.

Who is a dependant?

A dependant can be:

- Your spouse or de facto
- A child who is under 21 years old
- A student under 25 years old who is studying full time at school, college or university and/or covered under private health insurance
- An invalid child who:
 - Receives a disability support pension or a special needs disability support pension under the Social Security Act 1991, or
 - Has a certificate from a Commonwealth-approved doctor certifying a continuing inability to work.
 - Is paid a disability support pension or a special needs disability support, or
 - Has been certified as having a continuing inability to work by a medical officer of the Health Department or by a medical practitioner appointed to examine claimants for disability support pensions.

What supporting evidence is required?

- Tax invoice from funeral home including receipt of payment.
- Receipt of rebate from any other source, i.e. funeral plan insurance claim, if any.
- Proof that the deceased was a dependant, this can be done by providing a copy of;
 - A copy of the Private Health Insurance membership card/statement showing who is covered; or
 - Birth certificate; or
 - Adoption certificate; or
 - Marriage certificate; or
 - Statutory declaration stating the relationship

Disclaimer

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Note, any approved Funeral Benefit paid for a deceased employee will be paid via payroll into the employee's normal bank account. This bank account may be subject to probate requirements and as such it is the responsibility of the employee's legal personal representative to attend to any probate issues. Therefore, discuss with the financial institution and should seek independent legal advice where necessary.