



# Hurstville & Rockdale Friendly Society Limited

Mailing: PO Box 438, HURSTVILLE BC NSW 1481

T: 02 9580 3050

E: office@handrfs.net.au

W: www.handrfs.net.au

## REQUEST FOR ASSISTANCE

NAME: \_\_\_\_\_ MEMBER No. \_\_\_\_\_ (if known)

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

The Assistance Requested is for

- Private Prescription (Please attach Official Pharmacy Receipt)
- Mobility Aids (Please attach Tax Invoice)
- Hearing Aids (Please attach Tax Invoice)
- Newborn Assistance (Please attach Birth Certificate)
- Funeral Assistance (Please attach Death Certificate)
- Healthy Lifestyle Assistance
- Chronic medical illness (Please attach annually updated Doctor's certificate and fill in below \*)

\*Types of costs incurred in living with the chronic condition (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate cost per month: \$ \_\_\_\_\_

\_\_\_\_\_

I certify that the assistance requested is only for persons covered under my membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Bank Account Details

BSB : \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_