



MEDICAL ASSISTANCE/LOAN APPLICATION FORM

APPENDIX "A" FORM P.W.F (1)

PERSONAL ADDRESS

.....

.....

Date.....

Police Welfare Committee
Police Welfare Association

Re: Application of
(Force#, Rank & Name)

FOR MEDICAL ASSISTANCE

I hereby apply for medical assistance from the Police Welfare Fund in respect to myself spouse child who has a medical procedure to be done.

The cost of the procedure is \$..... and will be performed by (name of Dr.)

My Insurance policy number is..... Insurance has undertaken to pay a sum of \$.....;

I am expected to pay.....

Please see the attached receipt/invoice relative to the procedure(s).

Where the relationship is NOT bound by marriage, a letter from a Justice of the Peace is required to verify the relationship.
Please see below other information pertinent to this application.

- ❖ Name of Division/Section/Station:
- ❖ I can be contacted at(cell).....(h).....(wk)
- ❖ Email address:
- ❖ ID Type: Driver's License Passport Other
- ❖ Next of Kin: (Name + Relation).....
- ❖ Next of Kin Address:.....
- ❖ Next of Kin Contact No:

I look forward to your kind assistance.

Yours sincerely,

.....
Signature, Rank & Force #

FOR OFFICIAL USE ONLY				
Has the member been contributing for a year or more? Which print out reflects this?	Yes			Page #
	No			Page #
PAYMENT INFORMATION				
Name of Doctor			Name of Hospital	
Cost of Surgery	Health Insurance	Bal. after H/Ins.	PWF Payment	Balance
Room & Board	Health Ins.	Bal. after H/ins.	PWF Payment	Balance
Hospital Misc.	Health Ins.	Bal. after H/Ins.	PWF Payment	Balance
Documents checked by whom & date		Approved by & Date		

All sections on this application form MUST be filled out
Email address for the Police Welfare Association: pwa@tcipolice.tc