



# Maryvale Friendly Society

Supporting Members and their Families

For the employees of Maryvale Paper Mill ...since 1942

## BENEFITS REVIEW FORM

### To the Secretary,

*I wish to apply to the Board to consider my request for further assistance, this need has arisen due to the circumstances as set out below. I am aware that this review is required after receiving the Sick & Accident benefit for 10 weeks and that the provision any additional assistance is entirely at the discretion of the Board.*

### 1 • My details...

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ As above:

Home Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_ Work ext: \_\_\_\_\_

Home Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

### 2 • Off-Work Duration...

I have returned to work.

I expect to return to work on (or about) \_\_\_\_/\_\_\_\_/\_\_\_\_

I request the additional assistance for another \_\_\_\_\_ weeks (approximately)

### 3 • Benefits or Services required...

Convalescent benefit

Counselling

Other...

Trips to Melbourne

Lawns/Gardens.

Specify: \_\_\_\_\_

Accommodation costs

Housekeeping

\_\_\_\_\_

### 4 • Please provide any other information which may support your request...

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

\_\_\_\_\_  
Members Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date