

REQUEST FOR STATEMENT OF BENEFITS

I _____ Request from
Medibank Private an itemised Statement of Benefits with relation to my
compensation claim for damages. Please find below the relevant information
pertaining to my request:

Membership number:

Date of injury:

Signed: _____

Date: _____

Letter 2 – 30/9/05

Membership of Medibank Private, including entitlement to and benefits payment of benefits, is subject to our Fund Rules. The Fund Rules are subject to change from time to time. Personal information is handled in accordance with our Privacy Policy. A copy of our Fund Rules and Privacy Policy is available on our web site medibank.com.au and at our Retail Centres.