

## 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](http://medibank.com.au) and at our Retail Centres.