



# St John

DARWIN  
50 Dripstone Road  
Casuarina NT  
PO Box 40221  
Casuarina NT 0811  
Ph (08) 8922 6200

KATHERINE  
Kintore Street  
Katherine NT  
PO Box 744  
Katherine NT 0851  
Ph (08) 8972 8500

## St John Ambulance Australia

Northern Territory

TENNANT CREEK  
Windley Street  
Tennant Creek NT  
PO Box 570  
Tennant Creek NT 0861  
Ph (08) 8963 2800

ALICE SPRINGS  
Telegraph Terrace  
Alice Springs NT  
PO Box 2609  
Alice Springs NT 0871  
Ph (08) 8959 6600  
**NHULUNBUY**  
Ph (08) 8987 0200

### Summary of membership regulations.

#### Who is covered?

##### Family

- (i) The person in whose name the Subscription is registered, i.e. the Subscriber
- (ii) The Subscriber's spouse.
- (iii) Children of the Subscriber who are dependants of the Subscriber for the purpose of Income Tax Assessment Act, i.e. (a) Those under the age of 18 years and (b) those over the age of 18 years but under 25 years who are full time students.

##### Single

- (i) The person in whose name the Subscription is registered, i.e. the Subscriber. A Subscriber who marries or otherwise becomes responsible for dependants, is required to advise the Service immediately and pay the applicable pro rata amount to the date of expiry.

#### What are the benefits?

Subject to the existence of medical necessity and with non emergency cases, the treating Doctor deeming an ambulance to be the most appropriate means of transport.

- (i) Ambulance transport to a place to receive medical treatment.
- (ii) Ambulance transport from interstate to Northern Territory with the prior approval of, and arrangement by, this Service.

No authorization is required for accident and emergency cases. In other sickness and medical treatment cases the use of the ambulance may require the written confirmation of the treating Doctor.

#### Commencement of benefits:

- (i) Accidents and emergency cases-immediately. Note: Written evidence may be required from treating Doctor should transport occur within two months of joining.
- (ii) Non emergency-two calendar months after joining date.
- (iii) In the event of death of a Subscriber, benefits automatically transfer to the surviving spouse for the unexpired portion of the subscription period.

#### Lapse of benefits:

A Subscriber becomes unfinancial when the contribution becomes two (2) calendar months in arrears.

A subsequent payment will result in the person becoming subject to these regulations as a new subscriber.

#### Contributions:

Are payable in advance and are not refundable in whole or part.

It is the responsibility of the Subscriber to ensure the renewal of the subscription by the expiry date whether a reminder notice is received or not.

#### Specific exclusion:

The Scheme does not cover:

- (i) Ambulance transport (a) To places other than those which provide, and the patient is to receive, medical treatment. (b) Where a claim lies in respect of Worker's Compensation Insurance, Motor Vehicle Third Party Insurance, Department of Veteran Affairs or under any Act of Parliament. (c) Clinic car/bus transport (i.e. non-stretcher) (d) Stretcher Clinic in excess of 100 kilometre round trip.

#### Interstate Subscribers:

Where interstate Subscribers join a Subscription Scheme in the Northern Territory before expiry of their subscription the waiting period is waived.

#### Residential Requirements:

Membership in this Scheme is limited to persons whose residential address is in the area normally served by the Northern Territory Ambulance Service.

#### Reservation of Rights:

This service reserves the right to:

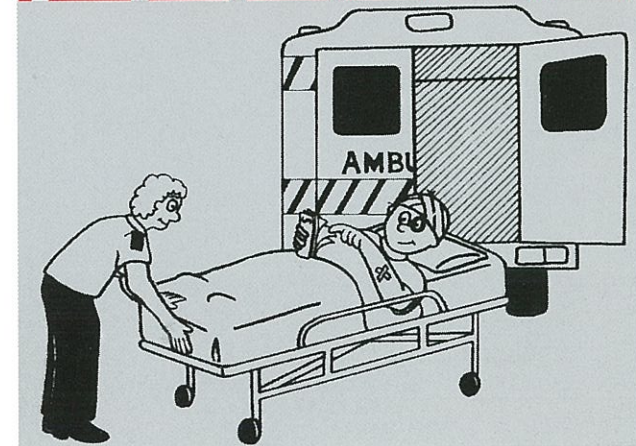
- (i) Vary Subscription Scheme contributions and regulations without prior notice.
- (ii) Cancel or refuse renewal of membership if the Subscriber is found to be abusing the Fund by misuse of service.
- (iii) Bill the Subscriber where regulations are breached.
- (iv) Seek written evidence that any dependant for whom benefits are sought qualify under the terms of these Regulations.

# SUBSCRIPTIONS



# St John

*Don't wait for  
accidents or  
illness to  
happen*



## St John Ambulance Australia

Northern Territory

## Subscription Rates

Subscription rates vary depending on whether you are a family unit, or single person, defacto partner, foster and step children.

## The Cost

Subscription rates are very reasonable and could save you many dollars and a lot of worry. *Without St John Cover, you could be faced with a very large bill, at a time when you can least afford it.*

Ambulance costs are based on a call-out fee and per kilometre fee and could run into several hundreds of dollars.

## Yearly Subscription

Subscriptions available for up to three years.

Your choice to join for one, two or three years. Costs are discounted for two or three year subscriptions.

Join now and save!

## The only Complete Ambulance Cover

Health Fund ambulance benefits vary from full to part refund of your yearly Ambulance Subscription or Ambulance account. Check with your Fund for full details.

Holders of an NT Centrelink Pensioner Concession or Health Care Card are not required to join our Ambulance Subscription Scheme. These benefit card holders are covered for free Ambulance transport in the NT only.

## Absolutely No Charge

For a subscriber all you have to do is supply details of your subscription at or after the time of transport and the full cost of Ambulance transport is waived. For the St. John subscriber there is absolutely no charge for emergency Ambulance transport and therefore, *no financial worries!*

## Around Australia

Subscribers are covered Australia wide and are entitled to free emergency transport as many times as the service is justifiably needed medically in any state or territory in Australia.



## Application to enrol in the (NT) Subscription Scheme

Please enrol me as a subscriber to the St John Ambulance (NT) Subscription Scheme for:-

FAMILY UNIT     INDIVIDUAL UNIT     1 YEAR     2 YEARS     3 YEARS

Surname: ..... First Name(s): ..... D.O.B: .....  
Spouse Surname: ..... First Name(s): ..... D.O.B: .....  
Dependant's Name(s): ..... D.O.B: ..... Dependant's Name(s): ..... D.O.B: .....  
Dependant's Name(s): ..... D.O.B: ..... Dependant's Name(s): ..... D.O.B: .....  
Residential Address: ..... Suburb: ..... P/Code: .....  
Postal Address: ..... Suburb: ..... P/Code: .....  
Phone (B/H): ..... Phone (A/H): ..... PAYMENT TYPE:-  Visa  Amex  D/Card  M/Card  
CARD HOLDERS NAME: ..... Amount \$ .....  
Signature: ..... Ex Date: ..... CCV Number

Please return this application with payment.

Make Cheques payable to 'St John Ambulance Australia NT Inc.' (Money order/cheque/postal note)