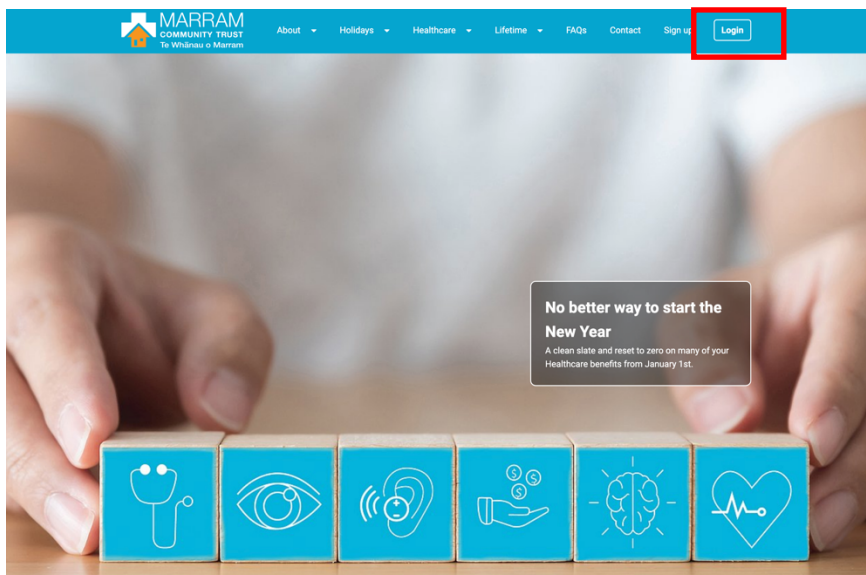


## How to Request an online healthcare reimbursement

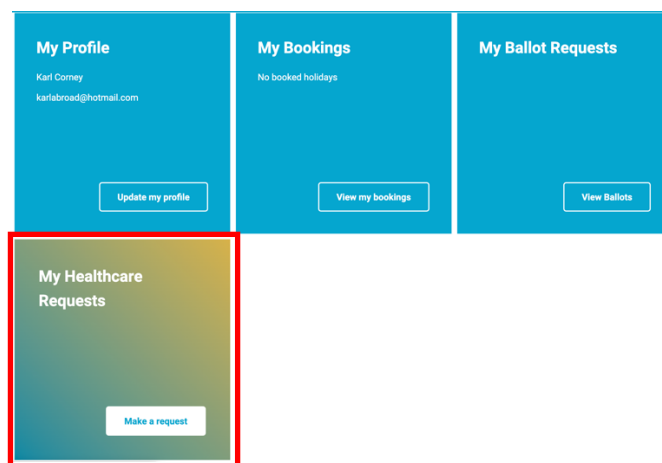
It's easy to request a reimbursement from Marram. You can complete an e-form or post your request to the Marram office. Alternatively you can follow the simple process below and complete Marram's online reimbursement request form.

That way you know the Marram team has your information straight away and it saves on paper and time!

1. You must be logged into the website to complete the online form. The login tab is found on the far right of the page menu.



2. Once you've logged in navigate to your dashboard, using the drop down menu under your name and click on "My Healthcare Requests"



- This will bring you to the Healthcare reimbursement form. Complete all sections, with your details and information.

**Marram Healthcare Request**

Please complete ALL sections of this form.

**Name of current employer \***

**Employee no. (if known)**

**First name \***  **Last name \***

**Either home email or work email required \***

**Email (Home)**

**Email (Work)**

**Home Postal Address \***

- Once complete please fill in the details of your healthcare treatment and costs. You will need to have digital copies of your receipts or invoices to upload them.

**Receipt 1**

**Type of treatment/expense \***

**Date of treatment/expense**

**Who is this treatment/expense for?**

**Full name \***

**Date of birth \***  **Relationship to you \***

Note: Dependent children can be reimbursed up to their 18th birthday

**Details of treatment/expense**

**Cost of treatment/expense \***

**Insurer (if applicable)**

**Amount paid by insurer**

**Upload an image of the receipt**

 Choose file or drag & drop here

Note: EFTPOS receipts are only required when there is no other proof of payment.

[Add another receipt +](#)

5. If you complete the form on a mobile phone you will be able to use the phones camera to photograph the invoice or receipt.
6. Tick the confirmation boxes to complete the form and hit submit. That's it you're done! The Marram team will process your request and contact you shortly.

**You MUST tick the boxes below to complete the form**

- The information stated on this form is a true and accurate declaration of facts.
- I am currently employed by a Marram Affiliated Organisation.
- I acknowledge that the payment is made at the absolute discretion of the Board of Trustees.

**Please Enter Your Name \***

[Submit Health Claim](#)