

## Acurity Holiday Act Remediation Application Form

Please fill out the form below if you were employed by Acurity Health Group Limited between 1 April 2012 - 28 September 2018 and wish us to review your eligibility for remediation payment.

Please follow the instructions at [Holidays Act Remediation](#) to submit your review and supporting documents.

This form is also to be completed if you have power of attorney or executor for a former employee of Acurity Health Group Limited.

This information will be used to match to employment data.

Employee Number (if known)

First name

Known as name

Surname

Name changes (if any)

Service dates (if known)

Contact phone number

Contact email address

**Preferred contact method**

email

phone

IRD number

Date of birth

**Contact address**

Street address

Suburb

City / Town

Postcode

Country

**Payment details**

Bank Account Number

Bank

Tax code

Are you a contributing Kiwisaver member?

yes

no

Disclaimer: By providing your personal information in this form, you consent to Acurity Health Group using that information to consider and process your claim. We will not use or disclose personal information collected in this form for any other purpose. If you do not provide the information requested in this form, along with the documents specified at [Holidays Act Remediation](#), we may not be able to process your claim. You can read more of our privacy policy [here](#), or email us at [marketing@acurity.co.nz](mailto:marketing@acurity.co.nz). For any Holidays Act Remediation claim enquiries please email us at [HolidaysAct@acurity.co.nz](mailto:HolidaysAct@acurity.co.nz)