

British Friendly Claim Form

Holloway (Junior age 16-18)

**BRITISH
FRIENDLY**

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IMPORTANT NOTE

This form should be completed by the claimant. Answer all questions fully in **BLOCK CAPITALS**, tick all relevant boxes and return this form within 7 days of receipt. Please note, providing a false statement may lead to your policy being cancelled and your entitlement to all benefits and premiums paid forfeited. The Society reserves the right to refer fraudulent claims to the relevant law enforcement authorities.

- In order to process your claim, the Society may require additional medical evidence and you may be required to undergo a medical examination.
- You may use this form as 'Self Certification' for the first 6 days of your claim, after which point benefit will be paid retrospectively from day one. You can only have one claim supported solely by 'Self Certification' during any 13 week period.
- Payments are made by direct credit on a Thursday on a fortnightly basis for the duration of your claim and will be available in your bank account or, if specified, your parent/guardian's account within 3 working days after the payment is made.
- The Society will consider claims submitted for periods during school holidays. However, the reference to 'attending school' means during term time.

1. YOUR DETAILS

Firstname	<input type="text"/>	Policy number	<input type="text"/>
Surname	<input type="text"/>	Telephone (home)	<input type="text"/>
Date of birth	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>	E-mail	<input type="text"/>
Postcode	<input type="text"/>		

2. YOUR CLAIM DETAILS

Please provide details of your illness or injury.

What date did your illness or injury start?

What date did you become continually absent from school/college?

Is your illness or injury the result of an accident? Yes No

If yes, please provide full details (ie. road traffic accident, participation in a sport or hobby).

Have you suffered from this or any related conditions before? Yes No

If yes, please provide dates and full details of when this condition last occurred.

Is your illness or injury related to any of the conditions below? (Please tick all that apply)

Pregnancy Child birth Miscarriage Drug abuse HIV
Alcohol abuse Cosmetic surgery

3. YOUR EDUCATION DETAILS

School/college name	<input type="text"/>	School/college telephone	<input type="text"/>
School/college address	<input type="text"/>		
Postcode	<input type="text"/>		

4. YOUR MEDICAL DETAILS

When did you first seek medical advice?	<input type="text" value="DD/MM/YYYY"/>
Who did you first seek medical advice from?	<input type="text"/>

Please provide full details of all doctors, specialists, hospitals or other medical professionals you've consulted about your current illness or injury and details of any planned treatment, investigations or tests.

ATTACH/ENCLOSE COPIES OF ANY REPORTS YOU HAVE REGARDING YOUR CONDITION.

Are you currently in hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please state dates for the following:

Hospital admission date	<input type="text" value="DD/MM/YYYY"/>
Expected discharge date	<input type="text" value="DD/MM/YYYY"/>

Have you recovered from your current illness or injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what date was your recovery complete?	<input type="text" value="DD/MM/YYYY"/>
If no, when is your expected recovery date?	<input type="text" value="DD/MM/YYYY"/>

5. YOUR DOCTORS DETAILS

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		

7. YOUR OR YOUR PARENT/GUARDIAN'S BANK DETAILS

Account holder name	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank/building society name	<input type="text"/>	Brand sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank/building society address	<input type="text"/>								
Postcode	<input type="text"/>								

8. YOUR RIGHTS IN OBTAINING A MEDICAL RECORD

Before we can apply for a medical report from your doctor we need your consent, and a declaration for this is detailed in the section below. However, you should know that you have certain rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. This consent will remain valid for two years from the time you date your first signature. The main points of the Act are as follows:

- If you indicate that you do not wish to see the report we will notify you if we apply for one. However, if before such a report is sent to us you write to your doctor requesting to see it, you will have 21 days to contact your doctor about arrangements for you to see the report.
- If you indicate that you wish to see the report, we will write to you at the same time as we contact your doctor. We will indicate that you have asked to see the report and that you have 21 days to contact your doctor to make arrangements to do so. When you have seen the report the doctor may not send it to us until you have given your consent to do so. If you do not contact your doctor within 21 days the report will be sent to us.
- You can ask your doctor if he/she will amend any part of the report which you consider to be misleading. If your doctor is not in agreement you may attach your comments.
- During the six months after we have received your report you may ask your doctor to see a copy. Should you ask for a personal copy of the report the doctor can charge you a reasonable fee to cover the cost.
- In some circumstances the doctor may decide, in the interest of your health, or to respect the interest of other persons, that you should not see all or part of the report. The doctor will notify you of this and you will have the right to see any remaining part of the report. If it is the whole of the report which is affected, this will not be given to us without your consent.
- You can withhold your consent (in which case we may be unable to proceed with your claim).

9. DECLARATION, AUTHORITY AND CONSENT

- I have been informed of, and understand, my statutory rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. In connection with the claim submitted, I hereby consent to British Friendly seeking medical information from any doctor who, at any time, has attended me concerning anything which affects my physical and/or mental health and that this information (including full medical records or notes where requested) will be passed to British Friendly. I agree that a copy of this consent shall have the validity of the original.
- I will notify British Friendly immediately if my circumstances relevant to this claim alter in any way or if I return to school or college either on a full or part-time basis.
- I declare that to the best of my knowledge and belief the information given on this form is true and complete and that I am the person referred to in the particulars given. I understand that if, at any time, I am found to have made a false statement, I am liable to expulsion under the terms of the Society's rules.

Child's own consent to data protection processing:

- I have read the Society's Main Privacy Policy and the Society's Privacy Policy for Claimants accessible at <https://members.britishfriendly.com/privacy-policy/> and have understood how my personal information will be used by the Society.
- I have asked an appropriate adult and/or the Society (contact details below) to help me with any questions I have about the Privacy Policies.
- I confirm I fully understand the Privacy Policies) and that I agree to my information being used by the Society as explained in the Privacy Policies.
- I understand that this processing is necessary for the Society to offer me this policy and that if I refuse my consent or later withdraw my consent, my policy will have to be cancelled.
- I know that if I have any questions about how my personal information is used by the Society then I should contact the Society using the following details: By phone tel no 01234 358344 or by post 45 Bromham Road, Bedford, MK40 2AA.
- Where that processing relates to my 'special category' information (defined in the Policies) as including my health and genetic information), then I consent to that processing in accordance with the terms of the Privacy Policies.
- I wish to see my medical report before it is sent to British Friendly.

Please sign to confirm you have read and understood the Declaration, Authority and Consent.

Print your name

Your date of birth

DD/MM/YYYY

Your signature

Date

DD/MM/YYYY

Parent/guardian's consent to data protection processing:

- I, the parent or legal guardian of the claimant, understand that my personal information will also be processed by the Society in accordance with its Main Privacy Policy and Privacy Policy for Claimants.

Parent/guardian name

Parent/guardian signature

Parent/guardian address

Parent/guardian telephone

Please tick the box to confirm that you have attached/enclosed documents in support of your claim:

- Supporting medical evidence

British Friendly Society Limited

45 Bromham Road, Bedford, MK40 2AA

T: **0800 975 6565**

E: **claims@britishfriendly.com**

W: **members.britishfriendly.com**

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