

# British Friendly Claim Form

## Breathing Space

**BRITISH  
FRIENDLY**

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### IMPORTANT NOTE

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 week of your claim, after which time medical certificates will be required.
- Payments for accepted claims will be made by Direct Credit into the bank/building society account used to pay your premiums. Payments cannot be made to a third party account. If you pay your premiums from third party account we will need details of your own/joint account.
- Payments are made weekly and should be in your account within 3 working days after payment is made.
- All claims must be supported by the following financial evidence:
  - Recent bank statements
  - If you are employed, then your last 3 months of pre-incapacity payslips and a recent P60.
  - If you are self-employed, your most recently agreed HM Revenue and Customs Tax Computation and Self-Assessment together with a copy of the accounts that relate to this.
  - If you are a director of a limited company, printed payslips, a P60 and the most recent copy of your company accounts as submitted to HM Revenue and Customs.

### 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"/>	Telephone (work)	<input type="text"/>
Address	<input type="text"/>	Mobile	<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?

DD/MM/YYYY

Have you done any work since your illness or injury started?

Yes

No

If yes, please provide details of the work you've done.

Which duties of your job are you unable to perform?

What date did you become continually absent from work?

DD/MM/YYYY

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.

### 3. YOUR EMPLOYMENT DETAILS

Your current job  Length of service

Please indicate your current employment status. (tick all that apply)

Employed  Self-employed  Company Director  Unemployed

Please state your normal working hours

Describe the duties you normally undertake in your job.

ATTACH/ENCLOSE A COPY OF YOUR JOB DESCRIPTION OR EMPLOYMENT CONTRACT.

Your personal taxable income as declared for tax purposes for the 12 months prior to your illness or injury.  £

How long will you continue to receive income while you're off work due to illness or injury?

Employer name  Company registration number

Employer address

Postcode

### 4. YOUR MEDICAL DETAILS

When did you first seek medical advice?  DD/MM/YYYY

Who did you first seek medical advice from?

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  No

If yes, please state dates for the following:

Hospital admission date  DD/MM/YYYY

Expected discharge date  DD/MM/YYYY

Have you recovered from your current illness or injury? Yes  No

If yes, what date was your recovery complete?  DD/MM/YYYY

If no, when is your expected recovery date?  DD/MM/YYYY

### 5. YOUR DOCTORS DETAILS

Name  Telephone

Address

Postcode

## 6. OTHER BENEFIT ENTITLEMENTS

Are you claiming benefits for your current condition from another insurer?

Yes

No

If no, please go to next question. If yes, please provide further details.

Policy number

Insurer name

Benefit received

£

Insurer address

Payment frequency  
(circle one)

weekly or monthly

Payment start date

DD/MM/YYYY

Postcode

Length of payment

Deferred period

Are you claiming state benefits?

Yes

No

If no, please go to next question. If yes, please provide details below.

Benefit type

Benefit amount

£

Payment frequency  
(circle one)

weekly or monthly

Are you or do you intend to seek compensation or start legal proceedings from any third party as a result of your illness or injury?

Yes

No

If yes, please provide full details including the name and address of any solicitors acting on your behalf.

## 7. YOUR DISCRETIONARY MUTUAL BENEFITS

Have you signed up to Mutual Benefits?

Yes

No

Are you aware that through Mutual Benefits you have access to healthcare services provided by Square Health at no extra cost including virtual GP consultations, physiotherapy, counselling and a 2<sup>nd</sup> opinion service?

Yes

No

Do you want help signing up to Mutual Benefits or accessing the Square Health services in support of your claim?

Yes

No

For more information about Mutual Benefits or to sign up visit [members.britishfriendly.com](http://members.britishfriendly.com), call 01234 358 344 option 4 or e-mail [mutualbenefits@britishfriendly.com](mailto:mutualbenefits@britishfriendly.com).

## 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 should carry out any work whether paid or unpaid.
- 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.

### Please tick the boxes if you give consent for each of the following:

- 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 consent to the Society (and its external partners) processing my 'special category' information (which includes medical and genetic information) in accordance with the Society's Privacy Policies.
- I understand that this processing is necessary for the Society to offer me this policy or to process my claim and that if I refuse my consent or later withdraw my consent, my application will have to be cancelled.
- 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	<input type="text"/>	Your date of birth	<input type="text" value="DD/MM/YYYY"/>
Your signature	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>

### Please tick the boxes to confirm which documents you have attached/enclosed in support of your claim:

- |  |  |
|--|--|
| <input type="checkbox"/> A recent P60                | <input type="checkbox"/> HM Revenue and Custom Tax Computation and Self Assessment |
| <input type="checkbox"/> Pre-disability payslips     | <input type="checkbox"/> Company accounts as submitted to HM Revenue               |
| <input type="checkbox"/> Supporting medical evidence | <input type="checkbox"/> Recent bank statements                                    |

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