

CLAIM FORM

British Airways Benefit Fund (BABF) Century Plan

IMPORTANT NOTES: Please read carefully

- Please answer all questions fully in block capitals and tick all relevant boxes.
- Members may use this form as 'Self Certification' for the first six days of their claim after which time medical certificates will be required.
- The claimant must be sick continuously for 8 days, at which point benefit will begin to be paid retrospectively from day one.
- The Society reserves the right to obtain additional medical evidence including a medical examination, or make further enquiries as necessary.
- Please take reasonable care to complete this form as 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.
- Payments will normally be made on a Thursday, on a fortnightly basis for the duration of this claim. This will be by direct credit to your account as detailed below and must be your own or a joint named account. Payments cannot be made to a third party account.
- Payment should be in the specified bank/building society account within 3 working days after payment is made.

1. Membership number:	_____
2. Date of birth:	_____
3. Full name:	_____
4. Address:	_____ _____ _____
	Postcode
5. Home telephone number:	_____
6. Work telephone number:	_____
7. Mobile number:	_____
8. Email address:	_____

PLEASE PROVIDE YOUR BANK/BUILDING SOCIETY DETAILS - PAYMENTS CANNOT BE MADE TO THIRD PARTY ACCOUNTS

9. Bank/Building Society account number:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
10. Branch sort code:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
11. Name(s) of Account Holder(s):	_____										
12. Name of Bank/Building Society:	_____										
13. Address of Bank/Building Society:	_____ _____ _____										
	Postcode										

BA Century Plan Claim Form

14. Please state your current occupation: _____

15. Name of Supervisor/Manager: _____

16. Supervisor/Manager contact number: _____

17. Workplace/Unit Address: _____

Postcode _____

18. Please provide full details of your illness or injury: _____

19. Have you previously suffered from this or any other related condition? _____
If so, please give full details to include dates: _____

20. On what date did you become unwell? _____

21. On what date did you become continually absent from work? _____

22. Please give details of any work that you have done since that day? _____

23. When did you first seek medical advice and from whom? _____

BA Century Plan Claim Form

24. Please provide full details of all doctors, specialists, hospitals or other medical professionals you have consulted about your incapacity including details of current or planned treatments, investigations or tests.

Please send copies of any specialist reports you have regarding your condition.

25. If you are currently a hospital in-patient, please state the dates of your admission and expected discharge:

26. If you have now recovered from your illness or injury, when was your recovery complete?

27. If you have not recovered, when do you expect your recovery to be complete?

28. Does your illness or injury arise from, or are you currently being treated for, any of the following conditions.

Please tick and give full details in the space provided and continue on a separate sheet if necessary:

	Yes	No		Yes	No
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>
Child birth	<input type="checkbox"/>	<input type="checkbox"/>	Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>
Assisted conception	<input type="checkbox"/>	<input type="checkbox"/>	HIV	<input type="checkbox"/>	<input type="checkbox"/>
Miscarriage	<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary sterilisation	<input type="checkbox"/>	<input type="checkbox"/>			

BA Century Plan Claim Form

29. If your illness or injury is the result of an accident, please provide full details of how this occurred. For example, a fall, road traffic accident, participation in a sport, leisure / hobby activity, charity event, etc.

30. Are you claiming benefit relating to this condition from any other company?

Yes No

If so, please provide the relevant details.

Policy Number:

Company Name:

Company Address:

Postcode

How much benefit did you receive? £

 weekly / monthly

When did payment of this benefit start or when is this due to start?

How long will this benefit be paid for?

What claim deferment period applies?

PLEASE SIGN AND READ THE DECLARATION, AUTHORITY AND CONSENT ON THE NEXT PAGE

Consent to obtain a Medical Report

- Before we can apply for a medical report from your doctor we need your consent, and a declaration for this appears overleaf. 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 of your first signature.

The main points of the Act are as follows:

- a. 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 then have 21 days to contact your doctor about arrangements for you to see the report.
- b. 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.
- c. 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.
- d. 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 costs.
- e. 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.
- f. You can withhold your consent (in which case we may be unable to proceed with your claim).

Declaration, Authority and Consent

TO BE SIGNED BY ALL CLAIMANTS

- On a continuing basis, I authorise the release of any information to British Airways Benefit Fund, which is part of the British Friendly (and to any third parties acting on its behalf) which it considers relevant to this claim. This may include information requested from my employer (including personnel and occupational health records), Department of Work and Pensions, other insurance companies or any other relevant source.
- I will notify British Airways Benefit Fund 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.
- I agree to British Airways Benefit Fund using such methods as they consider necessary and reasonable in order for the validity of this claim to be established.
- I consent to the recording of any telephone calls made to or from British Airways Benefit Fund, which is part of the British Friendly (or third parties acting on its behalf).
- I consent to the computer and other processing and use of personal and medical details supplied in support of this claim by the data controllers and relevant third parties for the purposes of claims assessment and validation, fraud prevention, policy administration and reinsurance.
- 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 Airways Benefit Fund 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 Airways Benefit Fund. I agree that a copy of this consent shall have the validity of the original.

Please tick the box below if you wish to see the report before it is returned to us:

I wish to see the report before it is sent to the Insurer

Print Name: _____

Date of birth: _____

Doctor's name: _____

Doctor's address: _____

Postcode _____

Doctor's telephone number: _____

Signature:

Date:

British Friendly Society Limited

Registered Office:

45 Bromham Road, Bedford MK40 2AA

Telephone:

01234 358344

Fax:

01234 327879

Email:

enquiries@britishfriendly.com

Web:

britishfriendly.com

Facebook:

British-Friendly

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered No: 110013. Incorporated under the Friendly Societies Act 1992. Registered No: 392F. Member of the Association of Financial Mutuals. v_21.4.16.

**BRITISH
FRIEND:LY**

It feels good to be covered