

CLAIM FORM

Protect

THIS FORM MUST BE RETURNED WITHIN 7 DAYS OF RECEIPT

IMPORTANT NOTES: Please read carefully

- Please answer all questions fully in block capitals and tick all relevant boxes
- The Society reserves the right to obtain additional medical evidence including a medical examination, or make further enquiries as necessary
- You may use this form as 'Self Certification' for the first week of your claim, after which time medical certificates will be required
- You can only have one claim supported solely by completing a self certification form (i.e. no medical evidence) during any 13 week period. All claims must be supported by the following financial evidence:
 - 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
- Payments for accepted claims will be made by Direct Credit into the bank / building society account used to pay your premiums to British Friendly. Payments cannot be made to a third party account. If you pay your premiums from a Limited Company or Partnership account we will need to collect details of your own or a joint named bank / building society account.
- Payments are made weekly and should be in your bank / building society account within 3 working days after payment is made
- 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.

1. Policy 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: _____

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

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

11. Please state your current occupation: _____

12. Please tick your current employment status and time in employment/self employment.

☐

Employed

☐

Self employed

☐

Company Director

☐

Unemployed

Time in your current
employment/self employment

13. Please describe the
normal duties of your
occupation? (Please provide
a copy of your job
description or contract of
employment).

14. What are your normal
working hours?

15. Name of employer/
company:

Address of employer/
company:

Postcode

Company registration number:

16. Please state your
personal taxable income as
declared for tax purposes
for the period of 12 months
prior to your incapacity.

17. How long will you
continue to receive income
whilst you are incapacitated?

18. On what date did you
become unwell?

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

20. Please give details of
any work that you have
done since that day:

21. Which duties of your occupation are you unable to perform?

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

23. 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 treatment, investigations or tests.

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

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

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

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

27. 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.

28. 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?

29. Are you claiming State benefits? If so, please give full details of the type of benefits you are receiving and the weekly amounts.

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

Yes ☐ No ☐

(If Yes, please give full details including name and address of the Solicitors acting for you).

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

Consent to obtain a Medical Report

TO BE SIGNED BY ALL CLAIMANTS

- 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 you date 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 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 cost.
- 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 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 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.
- I agree to British Friendly 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 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 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.

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.

Your Financial Adviser may wish to contact you to provide additional help and assistance throughout your claim. Please tick the box below if you consent to this:

☐ I consent to British Friendly notifying and providing details of my claim to my Financial Adviser.

I have enclosed the following documents:

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

Print name: _____

Date of birth: _____

Doctor's name: _____

Doctor's address: _____

Postcode _____

Doctor's telephone number: _____

Signed: _____

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

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**BRITISH
FRIENDLY**

It feels good to be covered