

British Friendly Claim Form

Holloway (Junior age under 16)

IMPORTANT NOTE

This form should be completed by the parent/guardian of 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 the claimant's policy being cancelled and their 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 this claim, the Society may require additional medical evidence and the claimant may be required to undergo a medical examination.
- The claimant may use this form as 'Self Certification' for the first 6 days of their claim, after which point benefit will be paid retrospectively from day one. The claimant 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 this claim and will be available in the claimant's 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. CLAIMANT'S PERSONAL AND CONTACT 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. CLAIM DETAILS

Please provide details of the claimant's illness or injury.

What date did the claimant's illness or injury start?

What date did the claimant become continually absent from school/college?

Is the claimant's 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).

Has the claimant 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 the 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. CLAIMANT'S 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. CLAIMANT'S MEDICAL DETAILS

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

Please provide full details of all doctors, specialists, hospitals or other medical professionals the claimant has consulted about their current illness or injury and details of any planned treatment, investigations or tests.

ATTACH/ENCLOSE COPIES OF ANY REPORTS REGARDING THE CLAIMANT'S CONDITION.

Is the claimant 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"/>

Has the claimant recovered from their current illness or injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what date was their recovery complete?	<input type="text" value="DD/MM/YYYY"/>
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If no, when is their expected recovery date?	<input type="text" value="DD/MM/YYYY"/>
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5. CLAIMANT'S DOCTORS DETAILS

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

7. PARENT/GUARDIAN'S BANK DETAILS

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

8. CLAIMANT'S RIGHTS IN OBTAINING A MEDICAL RECORD

Before we can apply for a medical report from the claimant's doctor we need their consent, and a declaration for this is detailed in the section below. However, the claimant should know that they 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 the claimant does 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 the claimant's doctor requesting to see it, you will have 21 days to contact their 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 the claimant's doctor. We will indicate that you have asked to see the report and that you have 21 days to contact the claimant's 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 the claimant's doctor within 21 days the report will be sent to us.
- You can ask the claimant's doctor if he/she will amend any part of the report which you consider to be misleading. If the claimant's doctor is not in agreement you may attach your comments.
- During the six months after we have received the claimant's report you may ask their 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 the claimant's 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 the claim).

9. DECLARATION, AUTHORITY AND CONSENT

- I have been informed of, and understand, the claimant's 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 the claimant's 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 the claimant's circumstances relevant to this claim alter in any way or if the claimant returns 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 parent/guardian of 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.

Parent/guardian's consent to the processing of their own data and the claimant's data:

- As the parent/legal guardian of the applicant (who is under the age of 16), I have read and understood the Society's Main Privacy Policy available at <https://members.britishfriendly.com/privacy-policy/>.
- I hereby consent on behalf of the applicant to their 'special category' information (as defined in the Policy and which includes health and genetic information) being processed by the Society in accordance with the Privacy Policy's terms.
- 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.
- I understand that this processing is necessary for the Society to offer the claimant this policy and that if I refuse consent or later withdraw my consent on behalf of the claimant, their policy will have to be cancelled.
- 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 the claimant's medical report before it is sent to British Friendly.

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

Claimant's name	<input type="text"/>	Claimant's date of birth	<input type="text" value="DD/MM/YYYY"/>
Parent/guardian name	<input type="text"/>	Parent/guardian signature	<input type="text"/>
Parent/guardian address	<input type="text"/>	Parent/guardian telephone	<input type="text"/>

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

- Supporting medical evidence