

To request a copy in Braille, large print or audio please call us on

 **0800 195 9244**

 **0333 014 6244**

8am-6pm weekdays

Personal details

Title	Full Name		
Address			
			Postcode
Daytime Tel.		Email	
Plan number		Reference number	

Your guide on how to claim from the Society

We offer many benefits, determined by the terms of your plan. We would ask that you refer to your policy documentation for details of what and how you can claim. This document aims to make claiming as easy as possible, by avoiding unnecessary delays or additional correspondence.

This form should be used when you need to claim a medical, maternity or private care allowance. If at any time you need further forms, please contact Customer Services on 0800 195 9244 (free from most UK landlines), 0333 014 6244 (local rate from UK landlines and mobiles. Also included in free call packages), or e-mail at info@nationalfriendly.co.uk

Please note: All claims should be submitted within 3 months of your treatment date. We reserve the right to decline any claim submitted after this date as detailed in the terms and conditions.

- **Medical Benefit (Care Plus, Dental & Optical, Health Care 1 & Medical Care).**

We have a range of medical benefits on offer to members which fall, or are considered by us to fall within the allowance granted in your terms and conditions.

We will need details of each claim in Section 1A overleaf, including a breakdown of your treatment and individual costs in order to assess the benefit due. When claiming private dental benefit, please ensure that a full breakdown of the treatment and itemised costs are provided (we know this is more difficult for NHS treatments). For remedial treatments such as physiotherapy, the nature and reason for treatment should be clearly stated e.g. "physiotherapy for injury to Right Shoulder".

We will always need proof of expenses incurred by you in the form of an **original receipted account**. We will not pay benefits covered by other insurances, but may pay towards any shortfall you have to pay.

- **Maternity Benefit**

We will require a certificated copy of a full UK birth certificate. Please complete Sections 2 & 3 overleaf.

Birth certificates will be returned.

- **Claims for Private Care**

Please forward an original receipt for expenses you have paid towards professional care or nursing in a recognised care facility. Please complete Section 1B overleaf.

- **How your claim will be paid**

Your claim will be paid by direct debit transfer (BACS). Please complete Section 2 with your bank details on the reverse of this form. Failure to complete this part of the form will delay your claim.

All information relevant to your claim should be completed in BLOCK CAPITALS and returned to: Claims Department, National Friendly, 11-12 Queen Square, Bristol BS1 4NT.

Please complete Section 1A, or 1B as applicable, followed by Sections 2 & 3

Section 1A: Medical, Dental & Optical Benefit Allowance (a cost must have been incurred for any Claim to be valid)

Precise nature of claim:

(a complete breakdown of all treatment charges must be provided on a fully itemised receipt - especially for Private Dental Treatment)

Date(s) of any treatment

1	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	2	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	3	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	4	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
5	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	6	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	7	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	8	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

Cost(s) of each treatment

1	£ <input type="text"/>	2	£ <input type="text"/>	3	£ <input type="text"/>	4	£ <input type="text"/>
5	£ <input type="text"/>	6	£ <input type="text"/>	7	£ <input type="text"/>	8	£ <input type="text"/>

Section 1B: Details of claim for Private Care Allowance

Start of Stay End of Stay

Your receipt must show details of the facility in which you stayed

Section 2 – Bank details for payment of claim (this must be an account in your name)

Pay into account from which Direct Debit is taken Fill in details below if different

Name of Plan Holder(s)

Branch Sort Code

 - -

Bank/Building Society Account

Account reference (If required)

Section 3: Declaration – please sign below for all claims

I declare that the information I have provided within this claim form is to the best of my knowledge true and complete. I understand that National Friendly may seek my consent to obtain further information from any medical professional who has been involved in my treatment. I understand that the terms and conditions state that if I have provided false information with the aim of gaining money from National Friendly, then not only will my claim not be paid, but also my policy could be cancelled and any money obtained fraudulently recovered from me.

Signed

Date

National Friendly has a duty to its members to detect and prosecute fraudulent claims. We reserve the right to do random checks on any claim and you may be required to provide additional evidence as a result.