

One Fund claim form



Office Use Only

Please write carefully using **BLOCK CAPITALS** in a **BLACK BALLPOINT PEN**. Please ensure that you complete the claim form in full. Failure to do so may result in a delay in processing your claim. Please refer to your plan schedule and the benefits illustration on the reverse of this form when claiming to see the benefits and excess limits applicable to your plan and level of cover.

Part 1 - Plan holders details

One Fund plan number	Title: Mr/Mrs/Miss/Ms/Other (Please state)
Surname	Forename(s)
Address	
Postcode	
Date of birth	Email
Telephone no.	Mobile no.

Payments to your bank account

All payments will be **paid directly into your bank account**. Please enter your bank details below.

Branch sort code	Bank account number	Account holder's name

Please complete this section if the claim is for your dependent child

Child's surname	Child's forename(s)	Child's date of birth

Declaration

I hereby declare that the information given by me in relation to this claim is complete and accurate and I give my permission to National Friendly to make any reasonable enquiries that it deems necessary to validate this claim.

Signature	Date	NB: To protect all plan holders, National Friendly will take action against anyone who makes a dishonest or false claim. Such actions could include, but are not limited to, refusal to accept liability to pay a claim, termination of your plan or legal action.
X	DD /MM / YY	

Part 2 - Recepted benefits

Please place a cross against the relevant benefit, and fill in the date and cost of the treatment. You may use this form to claim on more than one benefit. Please ensure you enclose all the relevant original receipts with this claim form. If you have received a series of treatments, each receipt must show the date and cost of treatment.

Remember (with the exception of eye tests) you will pay the first £40 of your claim in each benefit category in each plan year, and any payment we make will be reduced by this amount. The amount you receive will be limited by the maximum annual limits on your plan. Please see overleaf for the maximum benefits payable at each premium level. We will not pay for any treatment not covered under the terms of the plan. Please refer to 'Your plan explained' booklet for full details of treatments covered by your One Fund plan.

Benefit <input type="checkbox"/> Optical <input type="checkbox"/> Consultation <input type="checkbox"/> Dental <input type="checkbox"/> Health screening <input type="checkbox"/> POCAH* <input type="checkbox"/> Counselling <small>* Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy</small>	Amount of receipt	£	Date	
	Amount of receipt	£	Date	
	Amount of receipt	£	Date	
	Amount of receipt	£	Date	
	Amount of receipt	£	Date	

Receipt requirements

Please note that National Friendly will only pay claims for treatment provided by healthcare professionals who are registered with organisations recognised by National Friendly. See 'Your plan explained' for further details.

When making a claim you will need to send us the original receipt confirming payment.

The receipt must contain certain information, including:

- The full name, address and qualifications of the person providing treatment
- The patient's full name
- A full description of the treatment provided, including dates and amounts paid by the patient

Sample receipt

Name, address and qualifications of practitioner _____

Details of recipient of treatment _____

Details of treatment including date, description of treatment and cost _____

Confirmation that the practitioner has been paid for the treatment _____

Physiotherapy Clinic

HPC REGISTERED
4-5 WORCESTER ROAD,
BRISTOL BS8 3JL

MR A. N. OTHER, 11 HIGH STREET,
ANYTOWN, A1 2MS

03/02/10 TREATMENT £18.00
12/02/10 TREATMENT £18.00
19/02/10 TREATMENT £18.00

RECEIPT PAID IN FULL
19/02/10

National Friendly will only accept original receipts. We do not accept receipts which have been altered, nor do we accept invoices, credit and debit card payments receipts or photocopies. Please note receipts will not be returned.

Your cover levels

The six benefits of One Fund

	£720 annually	£864 annually	£1008 annually	£1152 annually	£1296 annually	£1440 annually
	Pay just £40 [†] excess then claim up to	Pay just £40 [†] excess then claim up to	Pay just £40 [†] excess then claim up to	Pay just £40 [†] excess then claim up to	Pay just £40 [†] excess then claim up to	Pay just £40 [†] excess then claim up to
1 Consultation	£720	£864	£1008	£1152	£1296	£1440
2 Counselling	£720	£864	£1008	£1152	£1296	£1440
3 POCAH*	£720	£864	£1008	£1152	£1296	£1440
4 Dental	£720	£864	£1008	£1152	£1296	£1440
5 Optical	Not more than £120 annually	Not more than £160 annually	Not more than £190 annually	Not more than £220 annually	Not more than £250 annually	Not more than £300 annually
6 Health Screening	Not more than £120 annually	Not more than £160 annually	Not more than £190 annually	Not more than £220 annually	Not more than £250 annually	Not more than £300 annually
	£10 a month	£12 a month	£14 a month	£16 a month	£18 a month	£20 a month

Maximum total claimable per year

Premium level

Please note

- Children are not entitled to money towards health screening, or counselling.
- These are maximum levels of cover available each policy year, after payment of the applicable excess. Excess does not apply to claims for eye tests.

* POCAH (Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy)

† Each benefit is subject to an excess of £40, payable once in each plan year.

Premiums inclusive of insurance premium tax at 5%. Premiums may increase if this rate increases.

Checklist

Please ensure you have:

- Signed and dated the declaration
- Provided your plan number
- Attached all relevant original receipts (including receipts for claims within the excess)
- Completed your bank details

Please return your completed form to:

National Friendly One Fund Claims
PO Box 1362, Liverpool, L69 2BF

If you have a query, please contact us on 08000 147 471 or email onefundclaims@nationalfriendly.co.uk

Telephone lines are open weekdays 8am-6pm excluding bank holidays

Remember you will pay the first £40 each each plan year towards each of the six benefits, excluding claims for eye tests.

Further claim forms can be requested from customer services on 08000 147 471 or downloaded from our website www.onefundplan.co.uk