

# Anglo-Saxons Friendly Society Ltd

## Discretionary Grants Claim Form: Dental and Optical



Anglo-Saxons Friendly Society Ltd

Please complete in block capitals using **black** ink and return to: Anglo-Saxons, The Old Rectory, Northfleet, Gravesend, DA11 8HN or via email to [info@anglo-saxons.co.uk](mailto:info@anglo-saxons.co.uk).

**Claims must be submitted within three months and will be paid at the end of the following month**

<b>A. YOUR PERSONAL DETAILS</b>		
Please tell us about yourself here. Please see Section E for Privacy Notice.		
Membership number:		
First Name:	Surname:	
Address:		
Email:		
Telephone No.	Mobile No:	
<b>B. CLAIM DETAILS</b>		
<b>RECEIPTED CLAIMS</b>		
Please submit an original receipt in support of your claim. Only paid and original receipts will be accepted. If you wish receipts/documents to be returned, please include a stamped addressed envelope.		
Please tick the appropriate box below for the benefit you are claiming for:		
Dental	Number of claims:	Total amount £
Optical	Number of claims:	Total amount £
<b>Description of Treatment</b>		
Please use the space below to clearly describe the treatment (s) that you are claiming for. You should only claim for health reasons. Claims for cosmetic reasons (e.g teeth whitening and cosmetic orthodontic treatments are not allowed)		
<b>C. PAYMENT DETAILS</b>		
Payment will be made directly into your bank account. If you have already provided these details, there is no need to provide them again unless your account details have altered.		
Account number:	Sort Code:	
<b>D. CLAIMANT DECLARATION AND CONSENT</b>		
<input type="checkbox"/> I declare that I am not claiming for this claim under another health insurance product <input type="checkbox"/> I understand that any fraudulent claims may result in legal action being taken and immediate cancellation of my policy <input type="checkbox"/> I consent to ASFS processing any health and medical information contained in this form in order to pay my claim <input type="checkbox"/> I authorise any medical practitioner or other person (s) concerned with providing healthcare to give you any information relevant to this claim <input type="checkbox"/> I declare the information shown on this form and any accompanying documentation is true and complete		
Signature:	Print Name:	Date:
<b>E. PRIVACY NOTICE</b>		
Anglo-Saxons Friendly Society Ltd acts as the data controller in respect of your personal data. We take your privacy seriously and we will receive, process and store data, including your personal data, to enable us to provide you with the services that we offer and for all other purposes consistent with the proper performance of our operations. For our full statement on data protection and privacy, please see our website <a href="http://www.anglo-saxons.co.uk">www.anglo-saxons.co.uk</a> and click on 'Privacy Policy' at the bottom of the homepage.		