Anglo-Saxons Friendly Society Ltd

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Discretionary Grants Claim Form: Hospital Benefit, Maternity Benefit and Miscellaneous Medical Expenses

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

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

A. YOUR PERSONAL DETAILS

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. CLAIM DETAILS

1. Miscellaneous Medical Expenses

For Miscellaneous Medical Expenses, please submit an original receipt and evidence of a GP/medical referral for treatment. If you wish receipts/documents to be returned, please include a stamped addressed envelope.

Description of Treatment

Please use the space below to clearly describe the treatment(s) you are claiming for:

Amount being claimed £

2. Maternity Benefit

Please submit a copy of the full birth certificate in support of your claim.

Child's first name (s):	Surname:

Date of birth:

3. Hospital Stay Benefit

To claim for a hospital stay, please attach your discharge letter.

Date(s) of hospital stay:

From: To:

Reason for admission to hospital:

C. PAYMENT DETAILS

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:

D. CLAIMANT DECLARATION AND CONSENT

- ☐ I declare that I am not claiming for this claim under another health insurance product
- ☐ I understand that any fraudulent claims may result in legal action being taken and immediate cancellation of my policy
- ☐ I consent to ASFS processing any health and medical information contained in this form in order to pay my claim
- ☐ I authorise any medical practitioner or other person (s) concerned with providing healthcare to give you any information relevant to this claim
- ☐ I declare the information shown on this form and any accompanying documentation is true and complete

Signature:	Print Name:	Date:

E. PRIVACY NOTICE

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 www.anglo-saxons.co.uk click on 'Privacy Policy' at the bottom of the homepage.