

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 policy schedule and table of benefits when claiming to see the benefits and limits applicable to your plan and level of cover.

## Part 1 – Personal Details

Medicash Policy Number	Title: Mr / Mrs / Miss / Ms / Other	<b>How do you pay your contributions?</b> <input type="checkbox"/> Cash / Direct Debit / Cheque <input type="checkbox"/> Payroll Deduction / Company Paid <input type="checkbox"/> Pension Please tick the appropriate box
Surname	Forename(s)	
Address		
Postcode	Date of Birth	
E-mail		
Telephone No.	Mobile No.	

We may from time to time wish to offer you other products and services which we believe may be of interest to you. Should you not wish to receive such communications, please write to The Head of Customer Operations, Medicash, 2-12 Lord Street, Liverpool L2 1TS.

## Payments to your bank account

If you wish for your payments to be **paid directly into the bank**, please enter your bank details below. If you have already provided these details then there is no need to fill them in again unless your details have changed.


Sort Code	Account No.	Account Holders Name
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## Please complete this section if you are making a claim for your partner or dependent child

Surname	Forename(s)	Date of Birth
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## 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 Medicash to make any reasonable enquiries that it deems necessary to validate this claim.

Signature 	Date
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**NB: To protect all members, Medicash 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 policy or legal action. To detect and prevent fraud or improper claims we may check your details with fraud protection agencies. If we reasonably suspect fraud, we will record and investigate this, including working with other organisations and other insurers to pool information about applications or claims which are believed to be fraudulent.**

## Part 2 – Receipted Benefits

Please place a cross in the box of all benefits being claimed. You can use this form to claim more than one type of benefit. **Please ensure that you enclose all the relevant, original receipts with this claim form.** If you have had a series of treatments the receipt must show the date and cost for each treatment.

<input type="checkbox"/> Optical	<input type="checkbox"/> Diagnostic Tests	Amount of Receipt	£	Date	
<input type="checkbox"/> Dental	<input type="checkbox"/> Chiropody	Amount of Receipt	£	Date	
<input type="checkbox"/> Consultancy		Amount of Receipt	£	Date	
<input type="checkbox"/> Other (please state) e.g Physiotherapy	_____	Amount of Receipt	£	Date	
	_____	Amount of Receipt	£	Date	
	_____	Amount of Receipt	£	Date	

If the treatment was given whilst you were abroad, please enter the dates of travel.

Departure Date	Intended Date of Return
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**NB: Some of the benefits we offer are for treatment you receive anywhere in the world during overseas visits that are intended to last no more than 28 days. Please refer to your plan Terms and Conditions to see which benefits are covered abroad.**

