

TFS Health Cash Plan Claim Form

Please refer to your Welcome Letter and Plan Documents to check your eligible benefits.
 If you have any questions please contact the TFS Member Services team on 020 7833 2616.
 PLEASE NOTE THAT CLAIMS WILL ONLY BE PROCESSED IF YOUR PREMIUMS ARE PAID UP TO DATE.



1 Member's Details					Please provide your personal details		(To be completed by plan holder)	
Membership No				Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other _____
First Name				Surname				
Address								
Post Code				Telephone No				
Email Address: _____					Workplace			
I wish to go paperless and receive all my communications by email <input type="checkbox"/>					I wish to hear about TFS products <input type="checkbox"/>			
Please note this claim form should be completed by the plan holder, even when making a claim for a Partner or Child, insured under the same plan.								

2 Claim Details				Please specify the benefit, amount and person you wish to claim for		Office use	
<ul style="list-style-type: none"> • Please enclose a copy of your child's birth or adoption certificate with their first claim • For hospital related claims please also complete section 5 overleaf 							
Claimant	Benefit	Treatment	Amount Paid	Benefit Amount			
			£	£			
			£	£			
			£	£			
			£	£			
Total Amount Claimed			£	£			
I would like my original receipts to be returned <input type="checkbox"/>			Adjustments		£		
Additional Comments			Total Benefit Paid		£		
			Date		Ref		
			Examined by		Checked by		

3 Payment is made directly into your bank account. Please provide details below.				(To be completed by plan holder)			
Account Holder's Name	<input type="text"/>						
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheque <input type="checkbox"/> (selecting this option could significantly delay payment of your benefit)							

4 Declaration		To be signed by plan holder	
I declare that:			
<ul style="list-style-type: none"> • I have read and understood the Fraud Provision on page 23 of my TFS Health Cash Plan Claims booklet • The information I have provided on this claim form is true, accurate and complete • I am aware that if any of the information I have provided is not true, accurate or correct this may affect the Society's decision to provide cover for me and may lead the Society to void my policy/policies, reject any claim and even terminate my membership 			
By signing this declaration I consent to the Transport Friendly Society undertaking any enquiries they consider necessary concerning this claim and I authorise the release of any information to the Transport Friendly Society.			
A photocopy or scan of this authorisation shall be considered as effective and valid as the original.			
Member's Signature	<input type="text"/>	Date	<input type="text"/>

