Application for Hospitalisation Benefit

PLEASE ENSURE THAT YOU COMPLETE ALL THE BOXES BELOW AS FAILURE TO DO SO MAY CAUSE A DELAY TO THE PAYMENT OF YOUR CLAIM

THE SOCIETY RESERVES THE RIGHT TO DEDUCT ALL ARREARS FOR THIS POLICY OR MAY DECLINE COVER IN CASE OF SIGNIFICANT ARREARS

First Name (please print)		Surname (please print)	
Address			
		Post Code	
Tel		Mobile	
Email		I wish to go paperless ☐ I wish to hear about TFS products ☐	
Membership Number		Garage / Depot and Current Occupation	
National Insurance No.		Employee No.	
Nature of Treatment / Incapacity			
Briefly describe the nature of treatment			
Date Admitted to Hospital		Date Discharged from Hospital	

Have you suffered from this condition in the last 12 months? Yes / No (please delete)

If Yes, please give details and dates of treatments received below

The Society will not pay any hospitalisation claim which occurs within the first 12 months of taking out the policy which is caused by any pre-existing medical condition you may have.

Payment is made directly into your Bank Account. Please provide details below:

Account Holder's Name

Account Number | | | | | | | | |

Sort Code | | | - | | | - | | |

I declare that the above information is true and complete and I enclose admission/discharge certificate issued by the hospital.

Signature **Date**

Transport Friendly Society Limited
3rd Floor, Derbyshire House
St Chad's Street
London WC1H 8AG

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Our members are going places

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Previous hospitalisation during the last 12 months				
From	To	£	Date Admitted	Contract
			Date Discharged	

Date of Payment	Date paying up to	Nights	Amount	Deductions