

Application for Sickness 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 <input type="checkbox"/> I wish to hear about TFS products <input type="checkbox"/>	
Membership Number		Garage / Depot and Current Occupation	
National Insurance No.		Employee No.	
Nature of Sickness / Incapacity			
Briefly describe the nature of sickness			
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			
<p>The Society will not pay any sickness 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.</p>			
Date Sickness / Incapacity Commenced (N.B. No benefit is payable for the first 7 days of any period of sickness on policies taken out after 31 December 1995.) Benefits are calculated up to and including Friday in each week.			

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

Account Holder's Name																			
Account Number													Sort Code						

Declaration

I declare that the above information is true and complete.
(Please send copies of any relevant medical certificates with this form.)
I also authorise my Employer to disclose information regarding my sickness/incapacity to the Transport Friendly Society Limited.

Signature Date

