



Dental/Optical Benefit Application Form

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 any outstanding arrears OR may decline benefits in any case of significant arrears.

Dental/Optical benefits are at the discretion of the Board of Management and may be taken away at any time.

(Please enter cost)				To ensure prompt payment of your claim:		
	Dental Expenses		Optical Expenses		1. Your receipt should contain: <ul style="list-style-type: none"> Your full name Practitioner's details Proof of payment Payment Date 	
Member	£		£			Scan this QR code for full list of requirements: 
Spouse <small>Only applicable to members who joined prior to 1996</small>	£		£			
Please tick if you need your original receipts returned <input type="checkbox"/>						
Comments / Additional Information						
2. Provide your bank account details						
3. Sign and date the back of this form						
First Name (please print)				Surname (please print)		
Address						
				Post Code		
Tel			Email			
I wish to go paperless <input type="checkbox"/>			Workplace	Membership No.		
Scan this to submit your claim online 			I wish to hear about TFS products <input type="checkbox"/>			

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

Account Holder's Name

Account Number

Sort Code

Please now check you have completed ALL questions and if possible, take a copy for your records.

Checklist

Please tick to confirm

- Have you completed the claim form in full?
- Have you attached originals or copies of the relevant receipts?
- Do the receipts show your full name? (credit or debit card receipts will NOT be accepted)
- Do the receipts show the treatment or services provided?
- Do the receipts show proof that payment has been made in full? (invoices will NOT be accepted)
- Have you read the Fraud Provision overleaf?
- Have you signed and dated this application? (see overleaf)

FRAUD PROVISION

Insurance fraud is a criminal offence and if convicted could result in a fine and/or a prison sentence. We take fraud prevention very seriously. We may pass details of suspected fraudulent claims to the police or Crown Prosecution Service for them to investigate and prosecute through the criminal courts. Anyone convicted of fraud may have to declare it when they apply for any type of insurance in the future.

We would consider someone to be committing fraud by making a claim, or a statement in support of a claim or sending us a document in support of a claim knowing that it was in whole or in part, false or misleading or exaggerated in any way with the intention of deceiving us into paying them more than they are entitled to.

If we reasonably believe that a claim is false or fraudulent, even if we have not proved that you have acted dishonestly, we will not pay that claim. We may terminate your policy/policies and your membership of the Society and all your benefits will stop immediately. We will not refund any premiums for a terminated policy. We will also charge you any other costs that we have incurred and may take legal action to recover any costs that we reasonably incur as a result of the fraud, plus interest and legal costs. We may also notify your employer.

How do we check claims and prevent fraud?

We check all claims and whilst we will accept scanned copies of your claim form and any supporting documentation, including receipts, we reserve the right to request from you the original documents before we can process a claim and you must provide this at your own expense. We may also contact the service provider for verification. While we are waiting for information we will not process your claim. We do these routine checks to make sure that we are paying claims correctly; it does not mean that we think you are being dishonest.

It is your responsibility to make sure that all the information that you give us with a claim is truthful and complete.

You must always act honestly. For example you must not:

- alter or forge a receipt or claim form
- send us any evidence with a claim that you know is misleading or untrue
- give dishonest answers to our questions
- refuse to give us any information that we need, or withdraw a claim to avoid investigation
- refuse permission for us to contact a provider of services
- deliberately claim for anything, or anyone, that is not insured

DECLARATION

I declare that:

- I have read and understood the Fraud Provision above
- 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 Limited.

A photocopy or scan of this authorisation shall be considered as effective and valid as the original.

The Transport Friendly Society may also use this information for the operation of my insurance and to process my claim. I am aware that my data will be processed fairly and securely in accordance with current legislation and will only be available to those who need to see it.

Your Full Name (please print): _____

Your Signature:

Date:

Please return this form, along with the appropriate receipts to the Transport Friendly Society either via email or post, using the details below.

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Our
members
are going
places