The Exeter

Health cash plan claim form
(For policies taken out pre June 2010)

Please complete this form in full to claim your benefits.
For personal accident claims please request the relevant claim form by calling 0300 123 3256.

1. Claimant's details

Please complete your details using block capitals.

Plan reference* Title* Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Forename(s)* Surname*

Address*

Postcode*

Date of Birth* Email

Telephone no. Mobile no.

2. Details of claim

Please complete the relevant box(es) to show which benefit(s) you are claiming and fill in the amount and the date of a receipt. Please attach all relevant original receipts with your claim form. Receipts will be retained for audit purposes.

Benefit type	Optical ☐	Dental ☐	Other (please specify)
Amount	£	£	£
Date of receipt			

Has the complementary benefit been referred by your GP? Yes ☐ No ☐

3. Hospital in-patient and day surgery benefit

Please complete only if you are claiming hospital in-patient or day surgery benefit.

Name of the person who received treatment

Was a patient in (name of hospital) Ward No.

Details of admission (please tick as appropriate) General ☐ Maternity ☐ Accident ☐ Day Surgery ☐

Please provide full details

Stayed in hospital from to

Was surgical procedure performed Yes ☐ No ☐

To be completed by the hospital

We hereby certify that the above information is correct.

Hospital stamp

Speciality

Unit No. Position

Signature Date

4.Payment details

We pay your claim by Direct Credit. If your premiums are funded by someone else (including your employer) or if you would like your claim paid into an account that is different to the one that funds your premiums, please insert your bank/building society account details below.

We can only pay your claim in to your own or a jointly held bank account.

Name(s) of account holder(s)

Bank sort code ☐☐ - ☐☐ - ☐☐ Bank/Building society account number ☐☐☐☐☐☐☐☐

5.Declaration

I wish to make a claim for the benefit(s) stated and confirm I am eligible to claim.

Signature Date

How to claim benefits

This claim form is suitable for claims against all our Health Cash Plans. Please read in conjunction with your Policy Summary.
PLEASE ATTACH ALL RELEVANT ORIGINAL RECEIPTS WITH YOUR COMPLETED CLAIM FORM.
We cannot accept liability for any charges incurred in the completion of claim forms or provision of medical certificates.

Part 1 – Claimant's details

Complete the details of the claimant. If the claimant is a child please add their details in this section.

Part 2 – Details of claim

Under 'Benefit Type' complete the type of benefit you are claiming for e.g. Optical. Then complete the amount and the date of a receipt for each benefit claim.
If not referred by your GP, this may affect your eligibility to claim. Please consult your terms and conditions for further information.

Part 3 – Hospital in-patient and day surgery benefit

This section must be completed if you are claiming hospital in-patient or day surgery benefit. You will also need the hospital/day surgery to complete and certify that the details you have provided are correct.

Part 4 – Payment details

All benefits will be paid by Direct Credit or cheque.
Payments paid by Direct Credit will be paid directly into the bank account you use for your monthly premiums unless you have requested a different account in section 4. Please note we can only pay your claim into an account in your name or a jointly held bank account.
Payments paid by cheque will be sent directly to the claimant's home address.

Declaration

Please read and sign the declaration. If we receive your form without a signed Declaration then we will be unable to pay your claim.

Benefit types

Please read in conjunction with your policy summary.

Optical

Please send in the completed claim form with the **original** receipt showing the amount paid and the claimant's name. For optical continuing supply scheme payments please see Benefit Rules in the Policy Summary.

Dental

Please send in the completed claim form with the **original** receipt showing the amount paid and the claimant's name. The receipt must also show the name and address of the Dentist/Dental Practice.

Hospital in-patient and day surgery

Please complete section 3 overleaf to claim under this benefit. A separate claim form must be completed for each hospital in which you or the child were patients.

Maternity, paternity and adoption

Please send the completed claim form with your child's **FULL original** birth certificate showing parents name or adoption papers, which will be returned. If child's surname differs from claimant's surname, please supply child's birth certificate showing names of both parents. Benefit is payable only when the birth or adoption has taken place. This benefit covers the first 9 nights of any hospitalisation related to pregnancy. The hospital certificate must be obtained for any period in excess of 9 nights.

Health screening

Please submit the claim form with the **original** receipt from the health screening clinic showing the type of screening received and amount charged.

Physiotherapy, osteopathy, chiropractic and acupuncture

Please send in the completed claim form with the **original** receipt showing the amount charged. Each visit and amount paid must be shown separately.

Personal accident cover/fracture cover

Please contact Customer Services on **0300 123 3256** for a personal accident/fracture cover claim form.

Once you have completed the claim form, please return it with the required supporting information to:
The Exeter, Claims Department, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ
Calls may be recorded and monitored.
*This information is mandatory

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