



BENEFITS FUND CLAIM FORM



HEALTHCARE AND LEISURE

PLEASE COMPLETE IN BLOCK CAPITALS

Member Details		Office Use
Title Mr / Mrs / Miss / Other (Please Specify)		Claim No(s)
Forename(s)		Member Check Yes / No
Surname		
Home address		Claim Check Yes / No
Postcode		
Daytime contact number		Amount(s) Due
Employers name		£
Membership/Clock No.		£
Type of treatment		£
Full name of person(s) receiving treatment		£
Relationship to member		£
Date of birth if under 18 / /		£
Name of supplier or practitioner		£
Amount being claimed £	Date of treatment	Date Paid / /

Dental and Spectacle benefits are only available to full members and not to qualifying relatives.
 It is the members responsibility to inform BAWA Healthcare & Leisure of any changes to employment, address or personal details
 - failure to do this may effect future claims

Declaration and Signature

I confirm the above is correct and I consent to BAWA Healthcare & Leisure confirming details of the treatment and payments pertaining to this claim.

Signed _____ Dated _____

PLEASE ENCLOSE A NAMED RECEIPT

Return to: Claims Dept, 589 Southmead Road, Filton, Bristol, BS34 7RG
 Telephone: 0117 976 8064 Rolls-Royce: 96831 Airbus-BAE: 62361 Fax: 0117 976 8064
 Email: benefits@bawabristol.org Website: www.bawa.biz

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