



# BENEFITS CLAIM FORM



HEALTHCARE AND LEISURE

**PLEASE COMPLETE IN BLOCK CAPITALS & QUOTE YOUR BAWA MEMBERSHIP NUMBER**

<div style="border: 1px solid black; padding: 2px;">BAWA Membership number: BAW</div>	<p><b>Member Details</b></p> <p>Title Mr / Mrs / Miss / Other (Please specify) _____</p>
Forenames(s) _____	Surname _____
Home address _____ _____	
Postcode _____	Daytime contact number _____
Employer's name (if applicable) _____	Clock number _____

<p><b>Treatment Details</b> <i>Dental and Spectacle benefits are only available to full members and not to qualifying relatives.</i></p>			
Full name of person receiving treatment _____			
Relationship to member _____		Date of birth if under 18 _____	
Treatment date	Type of treatment	Supplier or practitioner	Amount being claimed
			£
			£
			£
			£
			£
			£
			£
<b>NB: Please enclose a named receipt for all treatments</b>			

OFFICE USE	
Member check <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim check <input type="checkbox"/> Yes <input type="checkbox"/> No
Claim number	Amount due
	£
	£
	£
	£
	£
	£
	£
Date paid	/ /

<p><b>Payment Details</b></p> <p>All payments are made by BACS and a remittance advice sent by email. Information provided here will only be used for processing the current claim. Please enter your bank details carefully as errors may be difficult to rectify.</p>	
Sort code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Account number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Email address _____	

<p><b>Declaration and Signature</b></p> <p>I confirm the above is correct and I consent to BAWA Healthcare &amp; Leisure confirming details of the treatment and payments pertaining to this claim.</p>	
Signed _____	Dated _____
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.	