



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.
Forename(s)		Member Check
Surname		
Home address		Yes
		No
Postcode		Claim Check
Daytime contact number		Yes
Employers name		No
Membership/Clock No.		Amount Due
		£.....
		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 _____

BEV/1/09