



BENEFITS CLAIM FORM



HEALTHCARE AND LEISURE

PLEASE COMPLETE IN BLOCK CAPITALS & QUOTE YOUR BAWA MEMBERSHIP NUMBER

BAWA Membership number: BAW	Member Details
Title Mr / Mrs / Miss / Other (Please specify) _____	
Forenames(s) _____	Surname _____
Home address _____ _____	
Postcode _____	Daytime contact number _____
Employer's name (if applicable) _____	Clock number _____

Treatment Details <i>Dental and Spectacle benefits are only available to full members and not to qualifying relatives.</i>			
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
			£
			£
			£
			£
			£
			£
			£
NB: Please enclose a named receipt for all treatments			

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 / /	

Payment Details	
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.	
Sort code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Account number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Email address _____	

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 _____
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.	

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@bawaleisure.co.uk Website: www.bawa.biz www.facebook.com/BawaBristol

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