

Benefits Claim Form



PLEASE COMPLETE IN BLOCK CAPITALS AND QUOTE YOUR BAWA MEMBERSHIP NUMBER

Membership Details

BAWA Membership number:

Title Forenames(s) Surname

Home address

Postcode

Telephone (daytime)

Employer's name (if applicable) Clock No.

Treatment Details

Dental and Spectacle benefits are only available to full members and not to qualifying relatives.

Full name of person receiving treatment

Relationship to member D.O.B if under 18

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	

Treatment date	Type of treatment	Supplier or practitioner	Amount being claimed
			£
			£
			£
			£
			£
			£
			£
			£

NB: Please enclose a named receipt for all treatments

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 - -

Account number

Email

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 Date

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