

IMPORTANT NOTE

Answer all questions fully, tick all relevant boxes and return this form within 7 days of receipt. Please note, providing a false statement may lead to your policy being cancelled and your entitlement to all benefits and premiums paid forfeited. The Society reserves the right to refer fraudulent claims to the relevant law enforcement authorities.

- In order to process your claim, the Society will require medical evidence, usually a copy of your child's medical papers (letters and reports) confirming full details of the illness and any history. We may also need evidence of your child's relationship to you and details of their educational status.
- If your child is 16 years of age or older we will need them to sign an additional consent form.
- If we accept your claim a lump sum payment as outlined in the terms and conditions will be made and should be in your account within 3 working days after payment is made, and is paid regardless of any income protection benefit received.
- Benefit will only be paid in relation to the full payment conditions or additional payment conditions as listed in the policy document.

1. YOUR DETAILS

First name	<input type="text"/>	Policy number	<input type="text"/>
Surname	<input type="text"/>	Telephone (home)	<input type="text"/>
Date of birth	<input type="text"/>	Telephone (work)	<input type="text"/>
Address	<input type="text"/>	Mobile	<input type="text"/>
		E-mail	<input type="text"/>
Postcode	<input type="text"/>		

If any of your personal information is different to the information we hold on file, we will be in touch. This is so we can update our records and collect the appropriate evidence to validate the change.

2. YOUR CHILD'S DETAILS

First name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>		
If aged 18 or over and in full time education Name and address of education facility (School, College, University)	<input type="text"/>		
Relationship to child? (For example Parent, step-parent, adoptive parents, legal guardian, parental responsibility - we may need to ask for further evidence to support this)	<input type="text"/>		

3. YOUR CHILD'S CLAIM DETAILS

What is the exact diagnosis that has been made?

Please ATTACH/ENCLOSE copies of any medical reports, letters, and discharge summaries you have regarding your child's condition.

When was this diagnosis made?

DD/MM/YYYY

Who made the diagnosis? (Name of practitioner and hospital)

When did your child start to have symptoms?

DD/MM/YYYY

When did you first seek medical advice?

DD/MM/YYYY

Who did you first seek medical advice from?

Have they suffered from this or any related issues before? Yes No

If yes, please provide dates and full details of the previous issues and when these were.

Were you as the parent/guardian aware of an increased risk of your child being affected by this condition, or had you sought counselling or medical advice in relation to your child being affected by this condition?

If yes, please provide further details of when you were advised of the risk or when you sought counselling / medical advice.

4. YOUR CHILD'S DOCTORS DETAILS

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		
E-mail	<input type="text"/>		

5. YOUR CHILD'S CONSULTANT OR SPECIALIST DETAILS

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		
E-mail	<input type="text"/>		

6. YOUR BANK DETAILS (PAYMENTS CANNOT BE MADE TO THIRD PARTIES)

Is the account we collect your premiums from a personal account in your name? Yes No

If yes, are you happy to receive any claim payments into that account? Yes No

If this is not a personal account or you would like payments to go into a different personal account in your name please provide the following details.

Account holder name	<input type="text"/>	Sort code	<input type="text"/>
Account number	<input type="text"/>		
Bank/building society name	<input type="text"/>		
Bank/building society address	<input type="text"/>	Postcode	<input type="text"/>

If using an alternative account please ATTACH/ENCLOSE evidence of your bank account details in the form of a copy bank statement (PDF copies are acceptable) or a void cheque - this must clearly show your name, the account number and sort code.

7. YOUR DISCRETIONARY BENEFITS

You have free access to unlimited Digital GP Consultations, 6 Physiotherapy Sessions, 6 Mental Health Support Sessions, 2 Second Medical Opinions and 1 Health Check through the Clinic in a Pocket app as part of the Mutual Benefits programme. For more information including how to access the app visit members.britishfriendly.com/mutual-benefits/.

Do you want help accessing the Clinic in a Pocket services? Yes No

You also have access to additional financial support during life-changing events through our BF Care benefits at no extra cost. Benefits include a Death Benefit, Bereavement Benefit, Terminal Illness Benefit, Care Assistance Benefit and Recovery Support Benefit. Visit members.britishfriendly.com/bf-care/ for more information.

Do you wish to discuss any of the BF Care benefits with us? Yes No

8. YOU AND YOUR CHILD'S RIGHTS (IF OVER THE AGE OF 16) IN OBTAINING A MEDICAL RECORD

British Friendly Society Limited (British Friendly) may need to request a medical report from a doctor your child is currently seeing or has seen in the past to process your claim. British Friendly needs your permission, or your child's permission if over the age of 16, to request a medical reports under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Report (Northern Ireland) Order 1991. This consent will be valid for the duration of your claim.

The main points of the Act are as follows:

- If you or your child (if over the age of 16), indicate that you do not wish to see the report we will notify you if we apply for one. However, if you or your child wish to see the report before it is sent to us by their doctor, you or your child will have to contact their doctor requesting to see it within 21 days.
- During the six months after we have received the report you or your child may ask the doctor to see a copy. Should you or your child ask for a personal copy of the report the doctor can charge a reasonable fee to cover the cost.
- If you or your child believe any part of the report is incorrect or misleading, you can ask the doctor to change it or, if they don't agree to making the changes requested, you or your child can request that they include a statement outlining yours or your child's views which will be provided along with the report. You or your child may also withdraw consent for the doctor to share the report with us.
- In some circumstances the doctor may decide, in the interest of your child's health, or to respect the interest of other persons, that you or they should not see all or part of the report. The doctor will notify you or your child of this and you or your child will have the right to see any remaining part of the report. If it is the whole of the report which is affected, this will not be given without you or your child's consent (if over the age of 16).
- You or your child (if over the age of 16) can choose not to consent or withdraw your consent at any point, but British Friendly may not be able to assess the claim.

9. DECLARATION, AUTHORITY AND CONSENT

- I have been informed of, and understand, my statutory rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. In connection with the claim submitted, I hereby consent to British Friendly seeking medical information from any doctor, who, at any time, has attended my child concerning anything which affects their physical health and that this information (including full medical records or notes where requested) will be passed to British Friendly. I agree that a copy of this consent shall have the validity of the original.
- I will notify British Friendly immediately if my or my child's circumstances relevant to this claim alter in any way.
- I declare that to the best of my knowledge and belief the information given on this form is true and complete and that I and my child are the persons referred to in the particulars given. I understand that if, at any time, I am found to have made a false statement, this could impact my claim under the terms and conditions.
- I authorise the release of any information to British Friendly Society Limited which it considers relevant to the claim. This may include information requested from my child's place of education or other insurance companies, or other agencies for the prevention of fraud and other criminal activities, or other relevant sources.

Please tick the boxes if you give consent for each of the following:

- I have read the Society's Member's Privacy Policy accessible at <https://members.britishfriendly.com/privacy-policy/> and have understood how my and my child's personal information will be used by the Society.
- I consent to the Society and its external partners (which may include, in relation to certain policies, the Society's reinsurer(s)) processing my and my child's personal and 'special category' information for Children's Critical Illness Cover claims (which includes medical and genetic information) in accordance with the Society's Privacy Policies.
- I understand that this processing is necessary for the Society to process my claim and that if I refuse my consent or later withdraw my consent, this may impact assessment of my claim.
- I wish to see my child's medical report before it is sent to British Friendly.

Please sign to confirm you have read and understood the Declaration, Authority and Consent.

Print your name	<input type="text"/>	Your date of birth	<input type="text" value="DD/MM/YYYY"/>
Your signature	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>

If your child is aged 16 or over we'll also need their consent.

Please ask your child to tick the boxes if they give their consent for each of the following and sign below:

- I have been informed of, and understand, my statutory rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. In connection with the claim submitted, I hereby consent to British Friendly seeking medical information from any doctor, who, at any time, has attended me concerning anything which affects my physical health and that this information (including full medical records or notes where requested) will be passed to British Friendly. I agree that a copy of this consent shall have the validity of the original.
- I authorise the release of any information to British Friendly Society Limited which it considers relevant to the claim. This may include information requested from my place of education or other insurance companies, or other relevant sources.
- I have read the Society's Member's Privacy Policy accessible at <https://members.britishfriendly.com/privacy-policy/> and have understood how my personal information will be used by the Society.
- I consent to the Society and its external partners (which may include, in relation to certain policies, the Society's reinsurer(s)) processing my personal and 'special category' information for Children's Critical Illness Cover claims (which includes medical and genetic information) in accordance with the Society's Privacy Policies.
- I understand that this processing is necessary for the Society to process the claim and that if I refuse my consent or later withdraw my consent, this may impact the assessment of the claim.
- I wish to see my medical report before it is sent to British Friendly.

Print your name	<input type="text"/>	Your date of birth	<input type="text" value="DD/MM/YYYY"/>
Your signature	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>

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E: claims@britishfriendly.com

W: members.britishfriendly.com

**BRITISH
FRIENDLY**

It feels good to be covered

British Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Registration number 110013). A member of the Association of Financial Mutuals. The Society is incorporated under the Friendly Societies Act 1992. Registered No. 392F. Registered Office: 45 Bromham Road, Bedford MK40 2AA.

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