



Please complete carefully in **BLOCK CAPITALS** using **black ink**. Please ensure that you complete the claim form in full otherwise it may result in a delay in processing your claim. All claims must be made within 3 months of the date of treatment. Please refer to your plan schedule and the benefits table on the reverse of this form for details of the benefits and excess limits applicable to your plan and level of cover.

1. Plan holder's details

[illegible]

Payments to your bank account

All payments will be **paid directly into your bank account**. Please enter your bank details below.

[illegible]

***This information is mandatory.**

Please complete this section if the claim is for your dependent child

Child's surname	Child's forename(s)	Child's date of birth
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Declaration

I hereby declare that the information given by me in relation to this claim is complete and accurate and I give my permission to OneFamily to make any reasonable enquiries that it deems necessary to validate this claim.

Signature Date

NB: To protect all plan holders, OneFamily will take action against anyone who makes a dishonest or false claim. Such actions could include, but are not limited to, refusal to accept liability to pay a claim, termination of your plan or legal action.

2. Receipted benefits

Please place a cross against the relevant benefit, and fill in the date and cost of the treatment. You may use this form to claim more than one benefit. Please ensure you enclose all the relevant original receipts with this claim form. If you have received a series of treatments, each receipt must show the date and cost of treatment.

[illegible]

[†]Physiotherapy, Osteopathy, Chiropractic, Acupuncture and Homeopathy.

Remember you will pay the first £50 of the cost in both the dental and optical benefit categories (with the exception of eye tests) in each plan year and any payment we make will be reduced by this amount. The amount you receive will be limited by the maximum annual limits on your plan. Please see overleaf for the maximum benefits payable at each premium level. We will not pay for any treatment not covered under the terms of the plan. Please refer to 'Your plan explained' booklet for full details of treatments covered by your One Fund plan. Please note that for claims relating to Complementary Therapies we may ask your practitioner for further information.

3. Receipt requirements

Please note that OneFamily will only pay claims for treatment provided by healthcare professionals who are registered with organisations recognised by OneFamily. See 'Your plan explained' for further details.

When making a claim you will need to send us the original receipt confirming payment.

The receipt must contain certain information, including:

- The full name, address and qualifications of the person providing treatment
- The patient's full name
- A full description of the treatment provided, including dates and amounts paid by the patient.

Sample receipt

Name, address and qualifications of practitioner

Details of recipient of treatment

Details of treatment including date, description of treatment and cost

Confirmation that the practitioner has been paid for the treatment

Physiotherapy Clinic

HPC REGISTERED
7 ANY PLACE AVENUE,
ANYTOWN AN1 2BG

MR JOHN SMITH, 11 HIGH STREET,
ANYTOWN, A1 2MS

03/04/12 FULL DESCRIPTION £18.00
12/04/12 FULL DESCRIPTION £18.00
19/04/12 FULL DESCRIPTION £18.00

RECEIPT PAID IN FULL
19/04/12

OneFamily will only accept original receipts. We do not accept receipts which have been altered, nor do we accept invoices, photocopies, credit or debit card payment receipts. Please note receipts will not be returned.

4. Your cover levels

The six benefits of One Fund	pay £10 a month	pay £12 a month	pay £14 a month	pay £16 a month	pay £18 a month	pay £20 a month	pay £25 a month	Important
Company paid								
Consultation and diagnostics Claim up to the fund limit or split the fund between all benefits No excess								<ul style="list-style-type: none"> • Any claim is subject to the amount of total Annual Fund remaining after payment of any other claim(s) • The benefit limits for Dental, Optical and Health Screening are included in the total annual fund and are not in addition to it • Partners can take out their own separate plan • Children will share the allowance of the adult on whose plan they are named • Children are not entitled to money towards health screening or counselling.
Counselling & advice helpline Claim up to the fund limit or split the fund between all benefits No excess	For a total annual fund of £520	For a total annual fund of £625	For a total annual fund of £730	For a total annual fund of £830	For a total annual fund of £935	For a total annual fund of £1040	For a total annual fund of £1600	
Complementary therapies[†] Claim up to the fund limit or split the fund between all benefits No excess								
Dental NHS and private dentistry. For this benefit, the maximum that you can claim from the annual fund is shown in the table £50 excess	Max £260 annually	Max £315 annually	Max £365 annually	Max £415 annually	Max £470 annually	Max £520 annually	Max £800 annually	
Optical For this benefit, the maximum that you can claim from the annual fund is shown in the table £50 excess (excluding eye tests)	Max £120 annually	Max £140 annually	Max £165 annually	Max £200 annually	Max £235 annually	Max £260 annually	Max £350 annually	
Health screening For this benefit, the maximum that you can claim from the annual fund is shown in the table No excess	Max £120 annually	Max £140 annually	Max £165 annually	Max £200 annually	Max £235 annually	Max £260 annually	Max £350 annually	

[†]Complementary therapies (Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy)

5 Checklist

Please ensure you have:

- Signed and dated the declaration
- Provided your plan number
- Attached all relevant original receipts (including receipts for claims within the excess)
- Completed your bank details

Please return the completed form to OneFamily, Hornbeam Park Avenue, Harrogate HG2 8XE

If you have a query, please contact us on **0800 988 2128*** or email **onefund@onefamily.com**

Lines open: Monday – Friday 9am–7pm, Saturday 9am–1pm.

Remember you will pay the first £50 of the treatment costs each plan year for the dental and optical benefits only, excluding claims for eye tests. Further claims forms can be requested from customer services on **0800 988 2128** or downloaded from our website **onefamily.com/onefund**

*We might record your call to help improve our training and for security purposes. We hope you don't mind. Calls are only free from UK landlines.

OneFamily, Hornbeam Park Avenue, Harrogate, HG2 8XE tel; 01423 855000 fax; 01423 855181.

OneFamily is a trading name of Engage Mutual Health (EMH)(Company Registration Number 515058). EMH is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. EMH's Financial Services Register number is 202311. You can check this on the Financial Services Register at www.fca.org.uk/firms/systems-reporting/register or by contacting the FCA on 0800 111 6768.