



# how to claim benefits

This claim form is suitable for claims against all our Health Cash Plans. Please read in conjunction with your Policy Summary. Benefits are applicable anywhere within the European Community.

**PLEASE ATTACH ALL RELEVANT ORIGINAL RECEIPTS WITH YOUR COMPLETED CLAIM FORM. ALL CLAIMS MUST BE SUBMITTED WITHIN 3 MONTHS OF RECEIPT DATE, UNLESS STATED OTHERWISE.**

We cannot accept liability for any charges incurred in the completion of claim forms or provision of medical certificates.

## part a – claimant's details

Complete the details of the claimant. If the claimant is a child please add their details in this section.

## part b – details of claim

Under 'Benefit Type' complete the type of benefit you are claiming for i.e. Optical. See below for the full list of benefits. Then complete the amount and the date of a receipt for each benefit claim.

## part c – hospital in-patient and day surgery benefit

This section must be completed if you are claiming hospital in-patient or day surgery benefit. You will also need the hospital / day surgery to complete and certify that the details you have provided are correct.

## part d – payment details

All benefits will be paid by Direct Credit or cheque.

Payments paid by Direct Credit will be paid directly into the bank account you use for your monthly premiums unless you have requested a different account in section D. Please note we can only pay your claim into an account in your name or a jointly held bank account.

Payments paid by cheque will be sent directly to the claimant's home address.

## declaration

Please read and sign the declaration. If we receive your form without a signed Declaration then we will be unable to pay your claim.

# benefit types

## optical

Please send in the completed claim form with the **original** receipt showing the amount paid and the claimant's name. For optical continuing supply scheme payments please see Benefit Rules in the Policy Summary.

## dental

Please send in the completed claim form with the **original** receipt showing the amount paid and the claimant's name. The receipt must also show the name and address of the Dentist/Dental Practice.

## hospital in-patient and day surgery

Please complete Part C overleaf to claim under this benefit. A separate claim form must be completed for each hospital in which you or the child were patients.

## maternity, paternity and adoption

Please send the completed claim form with your child's **FULL original** birth certificate showing parents name or adoption papers, which will be returned. If child's surname differs from claimant's surname, please supply child's birth certificate showing names of both parents. Benefit is payable only when the birth or adoption has taken place. This benefit covers the first 9 nights of any hospitalisation related to pregnancy. The hospital certificate must be obtained for any period in excess of 9 nights.

## health screening

Please submit the claim form with the **original** receipt from the health screening clinic showing the type of screening received and amount charged.

## physiotherapy, osteopathy, chiropractic and acupuncture

Please send in the completed claim form with the **original** receipt showing the amount charged. Each visit and amount paid must be shown separately.

## personal accident cover/fracture cover

Please contact Customer Services on 0800 988 2129\* for a personal accident/fracture cover claim form.

**If you took your plan out prior to January 2009 the you may also be entitled to the following:**

## hospital plus

A member who has claimed hospital benefit for a period of 14 consecutive nights or over, and has been discharged from hospital, will be entitled to this benefit on application.

## hearing aids – adult membership only

Please send in the completed claim form with the **original** receipt showing the amount charged.

## hospital in-patient, joint in-patient, day surgery and accident admission

Please complete part c overleaf to claim under this benefit. A separate claim form must be completed for each hospital in which you or the child were patients.

**Once you have completed the claim form, please return it with the required supporting information to:**

**Engage Mutual Health,  
Claims Department,  
Hornbeam Park Avenue,  
Harrogate,  
HG2 8XE**



\* Calls may be recorded for security and training purposes. Lines open Mon-Fri 9am-5pm.

Engage Mutual Assurance, Hornbeam Park Avenue, Harrogate HG2 8XE tel: 0800 988 2129 fax: 01423 855181 email: hcp.info@engagemutual.com

Engage Mutual Assurance is a trading name of Engage Mutual Health ("EMH"), registered number 515058.

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